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ANNUAL REPORT
OF THE
MIDDLETOWN
STATE HOMEOPATHIC HOSPITAL.
1893.

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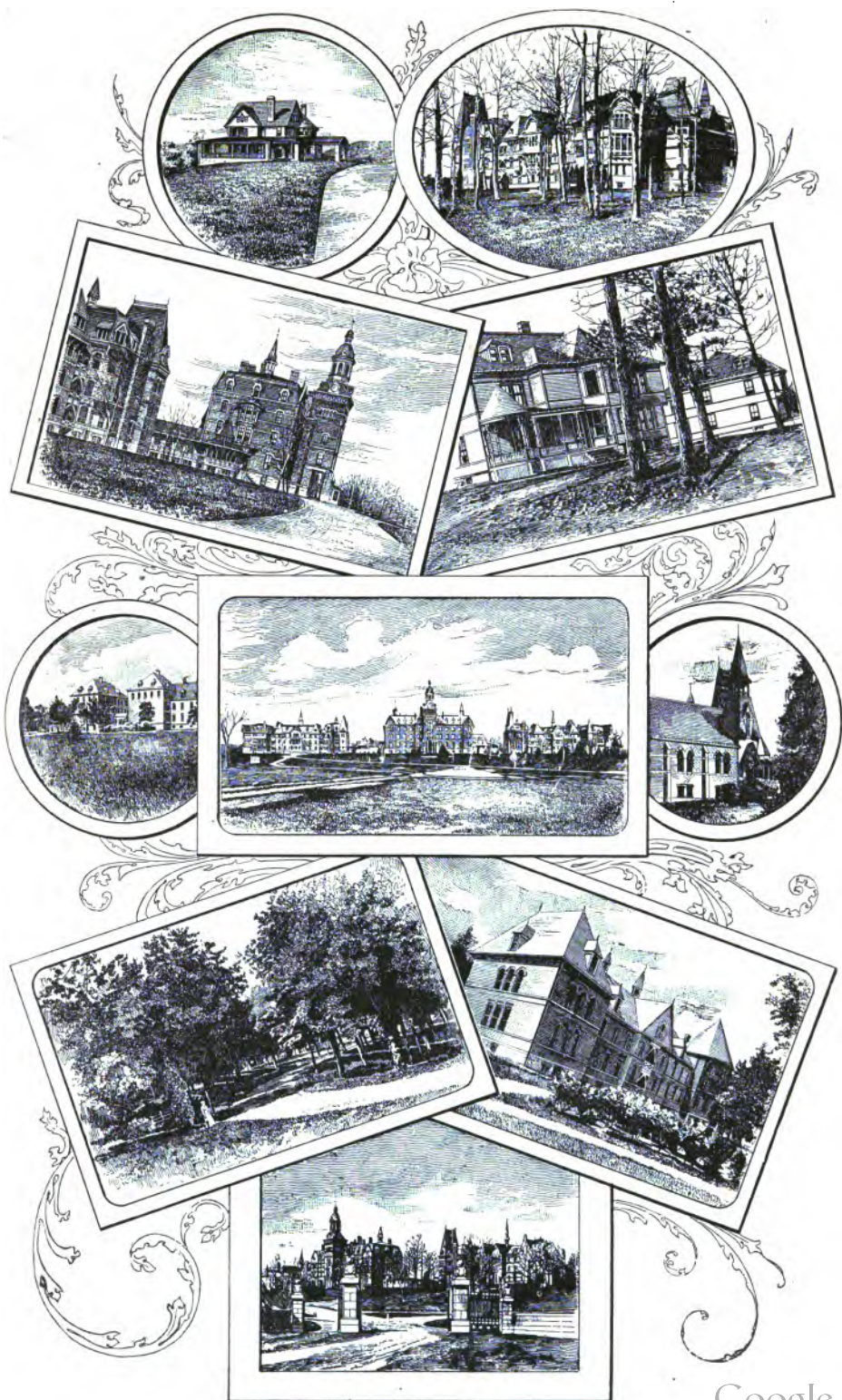
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*The Hospital for Dr. W.
A. Dewey, 18 June 1897*

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TWENTY-SECOND ANNUAL REPORT

OF THE

MIDDLETOWN

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n. y. STATE HOMEOPATHIC HOSPITAL
= j

AT

MIDDLETOWN, N. Y.

TRANSMITTED TO THE LEGISLATURE JANUARY, 1893.

ALBANY :

JAMES B LYON, STATE PRINTER.

1893.

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GEORGE ALLEN, A. M., M. D.....	<i>First Assistant Physician.</i>
C. SPENCER KINNEY, M. D.....	<i>Second Assistant Physician.</i>
DANIEL H. ARTHUR, A. M., M. D.....	<i>Third Assistant Physician.</i>
MAURICE C. ASHLEY, M. D.....	<i>Fourth Assistant Physician.</i>
JOHN COCHRAN	<i>Steward.</i>
H. J. LEONARD.....	<i>Assistant Steward.</i>

SUPERVISORS.

Mr. W. E. COOK.	Miss D. W. COMSTOCK.
Mrs. W. E. COOK.	Miss IRENE BENJAMIN.

STATE OF NEW YORK.

No. 5.

IN ASSEMBLY,

JANUARY, 1893.

TWENTY-SECOND ANNUAL REPORT

OF THE

Middletown State Homeopathic Hospital at
Middletown, N. Y.

MIDDLETOWN, N. Y., *December 8, 1892.*

To the Honorable the Speaker of the Assembly :

SIR.—I have the honor to transmit to you the Twenty-second Annual Report of the Middletown State Homeopathic Hospital and beg that you will present the same to the Legislature.

GRINNELL BURT,

President.

“A.”

TRUSTEES' REPORT.

To the Legislature of the State of New York :

In compliance with statutory requirements, we present herewith the twenty-second annual report of the Middletown State Homeopathic Hospital. This report is for the fiscal year ending September 30, 1892.

The past year has been fraught with customary experiences, coupled with unusual anxieties. Owing to the present administration of the law of 1890, known as the “State Care Act,” (Chapter 126, Laws of 1890), the Middletown State Homeopathic Hospital, designed for the care and cure of insane persons residing anywhere in this commonwealth and who preferred the homeopathic method, has been perverted from its original plan and reduced to the rank of a district lunatic asylum. We are obliged, now, to accommodate indiscriminately the insane patients from seven counties; and we are obliged to refuse admission to those who prefer the homeopathic method of treatment who reside in fifty-three counties of this State. As trustees, we have protested against this perversion of the use of this hospital. We have twice sought the enactment of a law which would enable us to resume our former legitimate work—that of caring for the insane of this State who for themselves or whose friends for them prefer the homeopathic method of treatment. Twice we have been defeated by misrepresentation, or a misconception of the statute; but we shall continue to protest against the

infringement of our rights as homeopaths, and we shall continue to work for the enactment of a law which shall finally give to the believers in our cause throughout the State their just and equitable rights under the Constitution.

Through the kindness of a friend of the hospital, who is an able member of the bar, we are enabled to present, just here,

THE LEGAL ASPECTS OF THE CASE.

"There can be no doubt that this hospital owes its creation to the action and contribution of homeopaths; there can be no doubt that the Legislature intended to create and did create a distinctively *homeopathic* asylum for the insane; there can be no doubt that all trustees and physicians were required to be adherents of homeopathy; there can be no doubt that the homeopaths of the State contributed thousands of dollars in actual cash, and in the purchase and payment for land for the purpose of the homeopathic asylum. (Laws 1870, chap. 474.) That the lands of the State Homeopathic Asylum were paid for by the homeopaths, and not by the State, is evidenced in Laws 1872 (vol. 2, p. 1765), where the Legislature gives its receipt in the following terms: 'The lands of the State Homeopathic Asylum for the Insane at Middletown, being paid for by private donations, and good and sufficient warranty deed free from all incumbrances having been obtained by the State.' Under these provisions of land and contract, the State Homeopathic Asylum continued to exist and to receive the insane from all parts and counties of the State without let or hindrance. All by or for whom homeopathic treatment was desired came and were received; the poor and the rich were admitted with equitable impartiality.

"This state of things and free exercise of the right of medical choice continued in force, and practically uninterfered with by the State for some sixteen years, and until the passage of the so-called 'State Care Act of 1890,' and its enforcement by the State Commission in Lunacy. Operating under the provisions of the latter act, the officials charged with the duty proceeded to divide the State into seven districts, and required the insane in each

district to be sent to the asylum within such district. The district allotted to the homeopathic asylum embraced seven counties only out of the sixty in the State. So the homeopaths in fifty-three counties of the State, especially the poor, had practically no right of choice or selection whatever, but when afflicted by insanity were absolutely forced into State institutions conducted on medical principles repugnant to their ideas and their desires. The pauper could not go to a hospital beyond the limits of his district, unless he paid his own traveling expenses, and if he was penniless, as paupers generally are, that provision of law formed an insuperable bar to freedom of choice.

“If this result is not actually within the constitutional inhibition of laws, ‘impairing the obligation of contracts,’ it is perilously near it. Indeed, as between man and man there could be no question about it, nor we think can there be any question as to the absolute *rights* of the homeopaths before the Legislature. Suppose some rich citizen had founded and the State accepted an asylum for the treatment of insanity all over the State according to homeopathic principles, and the State had established the institution in due form of law. It could hardly be pretended that the Legislature could afterwards turn that institution into a deaf and dumb asylum, or an old ladies’ home. And yet, if they have the right or power to limit this asylum to seven counties, they have the right and power to take away its distinctive homeopathic character altogether. Yet this would no doubt be considered by everyone a monstrous exercise of power.

“In constructing contracts and laws, the law permits, indeed requires, that all surrounding facts and circumstances that may be supposed to enter into the consideration of the parties should be taken into account. Now it is self-evident that it was the intention of the Legislature when the State Homeopathic Asylum was established that it should receive patients from any part of the State. No restriction whatever was imposed. It was on this intention of the Legislature and the law that evidenced it, and the unrestricted right of receiving patients that the homeopaths paid their money and deeded their land. For some sixteen years a practical construction and interpretation was given to this intention by the homeopathic hospital receiving

without hindrance patients from any of the sixty counties of the State who choose to come, or were sent by authority. And it was not until the passage of the State Care Act, and after these rights had been freely exercised for all these long years, that the asylum and the homeopaths are deprived of them by the present exemplification of the districting plan. It seems as if relief should be had at the hands of those who can afford it, and herewith submit our claims to the conscience and sense of equity of the lawmakers, and ask that such legislation be perfected as will insure and protect these chartered and purchased rights."

Now if we cannot possibly secure justice to the homeopathic hospital and the homeopaths of this commonwealth under present laws and present administration, then we shall seek to attain our rights by new enactments and new methods of administration.

We ask for this institution and for its would-be patrons throughout the State, that right which is just as dear in sickness as in health; the right which the Constitution of the United States specially guarantees when it declares that to every citizen shall be given the blessed privilege of "life, liberty and the pursuit of happiness," under all circumstances, in every condition, and at all times, and when we seek to establish, by proper enactments, the inborn and natural and acquired right to such liberty, we are, as we enter the lists for a third season, inspired by a firm belief in the final actuality of the old adage:

"Truth crushed to earth will rise again."

With absolute faith in the justice and the constitutionality of our cause, we shall move on and fight on until victory crowns our efforts, or if not our efforts then the efforts of our children, or our children's children.

We shall refer again to this matter in another section of this report.

We come, now, to the detailed work of the year.

COMMITTEES.

The following named committees have performed the usual duties of routine work and inspection in consideration of the detailed interests of the hospital :

Visiting committee — Guernsey, Graham, Decker.

Legal committee — Lynde and Decker.

Auditing committee — Vanamee, Hayes, Stivers.

Farm and building committee — Vail, Clark, Macardell.

Aside from the regular quarterly and annual meetings which are generally attended by the full board, there have been twenty-one special visits to the hospital during the past year by the various committees and members of the board.

TRUSTEES.

During the past year the following named trustees were reappointed by Gov. Flower, each for the term of six years : Hon. Grinnell Burt, Uzal T. Hayes, Esq., Rollin H. Lynde, Esq., Hon. M. D. Stivers, Hon. William H. Clark, Hon. N. W. Vail, William Vanamee, Esq., George H. Decker, Esq.

The terms of service of the following trustees have not yet expired : Egbert Guernsey, M. D., Henry L. Slote, Esq., C. Macardell, Esq., Frederick W. Devoe, Esq., and Hon. James G. Graham.

Rollin H. Lynde, Esq., having removed from the State of New York, tendered his resignation to the Governor, and Hon. J. J. S. McCroskery, of Newburgh, was appointed as a trustee.

Mr. Lynde was subsequently appointed as counselor for the Board.

It may be proper to state, in this connection, that the trustees are unanimous and harmonious in their purpose to maintain the rights and further the interests of the institution committed to their charge.

THE USUAL REPORTS.

Herewith follows an account of the work achieved in the various special departments, together with an account of the productions of the farm, garden and grounds.

Engineer's Report.—Some of the more important changes and repairs are as follows :

One thousand seven hundred feet of cast-iron water pipe have been laid from large city main to pumps in pump-house, to increase water supply in case of necessity.

Four hundred and fifty feet of six-inch pipe have been run from pumps in pump-house to distributing tank in main building, the old four-inch main having become insufficient in capacity.

To make room for new boilers in boiler-house, the large Woodward pumps were removed to new pump-house, constructed for same, adjoining the boiler-house.

The steam plant of pavilion No. 1 has been changed so that the building can be heated from boiler-house instead of basement as heretofore.

Three hundred and fifty feet of five-inch steam main have been run from subway through basement of pavilion No. 1 to supply steam for pavilion No. 1 and Talcott Hall ; also 150 feet of four-inch steam pipe from annex No. 1 to annex No. 2 to supply same with steam.

Talcott Hall fitted throughout with water mains for fire purposes.

New steam return in basement of main building.

New water main from Talcott Hall to cottages, so that the cottages can be supplied from main tank.

Annex No. 2 fitted up with water mains for fire purposes.

Two thousand feet of one-inch pipe run from barn to watering box in field.

Gas mains run to Talcott Hall and annex No. 2.

One new greenhouse fitted out with steam heat.

Hot and cold water mains renewed in basement of pavilion No. 1.

New four-inch steam main from boiler-house to new pump-house.

Hospital rooms in pavilion No. 1 have been fitted out with independent steam and return mains, to allow same to be heated when heat is not required in other parts of building.

The plumbing work in pantry of second hall, pavilion No. 1, having become in bad shape, has been entirely replumbed, and fitted out with a spacious Demarest sink.

In general, repairs of all broken pipes, machinery, and iron or brass fixtures have been made throughout the year wherever needed in the institution.

Carpenter's Report. — The following report is submitted by the carpenter :

- New coal trestle, 260 feet long, 15 feet high.
- New pump-house for artesian well pump.
- One new greenhouse.
- New ice-house, 20x60 feet.
- New floor in pig pens.
- New connections to two greenhouses.
- Eight new dining tables for the wards.
- Four new mop-closets for the wards.
- Three new clothes-rooms in annex No. 2.
- Incline for car track in Talcott Hall.
- Pair of new doors in Talcott Hall basement.
- Two new tables in attic of annex No. 2.
- Casing in clothes' shoot in annex No. 2.
- Four new towel rollers for annex No. 2.
- Two new tables for trays for annex No. 2.
- Two tables for annex No. 1.
- New base molding in hospitals in pavilion No. 2.
- New base molding in rooms of annex No. 1.
- New chair rails in smoking rooms in first and second hall of annex No. 1.
- New floor in cow barn.
- New tables and ironing boards for laundry.
- Two new clothes' rooms in cottages.
- Six new tables for cottages.
- New sink for cottage.
- New closets in basements of cottages.

Six new doors in basement of cottage.

Two new tables in attic of Talcott Hall.

New tables for hospital in Talcott Hall.

New closet in basement, annex No. 1, for boots and shoes for patients.

New floor in coach-house over sink for washing wagons.

New sink in pavilion No. 1.

Removing woodwork from front of nine sinks to admit free ventilation.

New shelves in annex for water tanks.

New shelves in cottages for water tanks.

New watering trough for cattle for the farm.

New dish sink in kitchen.

Repairing table in kitchen.

New door in kitchen.

New Yale locks on all outside doors of all the buildings.

New iron gratings on windows of corridor in Talcott Hall and annex No. 2.

Six new stepladders for the wards.

Four new towel rollers for Talcott Hall.

New ice-house doors in kitchen and meat shop.

New truss over boilers in boiler-house.

New floor and manger in horse barn.

New transom on door in superintendent's house.

New wire panels in doors in cottages.

New picture moldings in six rooms in cottages for hanging pictures.

Repairing old furniture and putting in glass throughout the institution and farm buildings.

Report of the Florist.—During the season, over 40,000 plants have been set out for the purpose of adorning the pleasure grounds of the hospital, and for cut flowers.

The plants put out during the season on the grounds consisted chiefly of bananas, cannas, caladiums, coleus, geraniums, alternantheras, asters, phlox, helianthus, sweet peas, mignonette, stocks, gladiolus, and many other flowering plants.

In the greenhouse, for decorative plants, there were many varieties of palms, some of large size, which were put in new

tubs. There were also ferns, dracaena, crotons, begonias, pandanus, cereus, caladiums of fancy leaved varieties, smilax, etc.; also roses, liliun harrsii, easter lilies, hyacinths, tulips, narcissus, carnations, violets and chrysanthemums chiefly to supply cut blooms in winter.

The Victoria Regia house having been put to other uses, a new greenhouse was built, and it is at present filled with chrysanthemums. There are 1,500 plants representing 500 varieties.

This new greenhouse supplies a long felt want for more plant room in spring; and also gives a winter connection with the other houses. Visitors can now walk 400 feet through the houses without going into the open air.

All the greenhouses have been glazed and painted during the year. The carriage drives were regravelled, and also the walks. New beds for flowers were made at the cottages, and others prepared for cut flowers. New lawns have been made around the new buildings—namely, Talcott Hall and Dormitory Annex. These were prepared and leveled and cleared of stone and seeded down, and are now forming a good lawn.

The lawns and the twenty acres devoted to park purposes were top-dressed with Bone Phosphate Fertilizer.

Report of the Farmer. The following is a history of the work accomplished during the fiscal year:

October, 1891. Drawing ashes to repair roads; butchering; unloading coal; putting in drain-pipe around new annex.

November, 1891. Harvesting turnips, cabbage and beets; drawing coal ashes; digging ditch for new water main; sealing cow stable; fixing barn doors.

December, 1891. Drawing ashes and manure; drawing gravel to repair roads and walks; drawing bricks; butchering; drawing stone; laying wall; unloading coal.

January, 1892. Drawing pipe to drain new buildings; drawing manure; sorting apples, potatoes and cabbage; harvesting fourteen hundred tons of ice.

February, 1892. Helping to build new ice-houses; digging drain in new annex, and putting in pipe and catch-pits; sorting

beans; drawing manure in garden; drawing coal ashes and filling up hog yard; butchering.

March, 1892. Digging ditches under Talcott Hall, and putting in pipe and catch pits; building new pig-house, 12 by 40 feet, and 12 feet high; fixing cow stable; shoveling snow off walks and roads.

April, 1892. Fixing fence; drawing manure; laying wall; laying pipe around Talcott Hall; drawing stone; plowing; spading up onion ground; unloading potatoes; butchering; planting potatoes; sowing onions; putting in peas, and oats for cows.

May, 1892. Drawing lime to new annex; drawing stone for new trestle; weeding onions.

June, 1892. Preparing ground for silo corn; setting out cabbage plants; cultivating potatoes.

July, 1892. Cutting hay; cultivating corn; housing cabbage; cutting rye; building new fence on north end of coal yard, and repairing old one.

August, 1892. Digging potatoes; drawing stone; cutting oats; grading around new annex and Talcott Hall; building roads and walks; putting in catch pits in roads; drawing bricks and sand for new pump-house.

September, 1892. Building sidewalk along Monhagen avenue, fifteen hundred feet long; laying wall along same; cutting fodder corn; digging potatoes; harvesting onions.

During all these months there has been a continual hauling of goods, groceries, lumber for carpenter and pipe for engineer, drawing feed to buildings, etc.

LIST OF FARM PRODUCE.

Apples, bushels.....	400
Beef, pounds.....	3,408
Cabbage, heads.....	2,000
Cider, gallons.....	407
Corn, sweet, ears.....	6,000
Corn, silo, tons.....	240
Onions, bushels.....	405
Pigs.....	190
Pork, pounds.....	22,803
Potatoes, bushels.....	1,500

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

17

Hay, tons	190
Turnips, bushels.	2,000
Rye, bushels.	60
Straw, tons.	7
Veal, pounds.	165
Milk, quarts.	131,670

Gardener's report.—The following is a report of garden produce :

Asparagus, bunches	449
Beans, bushels.	84
Beans, Lima, bushels.	35
Beets, bushels.	110
Cabbage, heads.	7,540
Carrots, bushels.	100
Cauliflower, heads.	285
Celery, heads.	14,500
Cucumbers, bushels.	82
Currants and raspberries, quarts.	478
Egg plant.	112
Lettuce, heads.	7,039
Lettuce, bushels.	350
Okra, bushels.	18
Onions, bushels.	271
Parsnips, bushels.	120
Peas, bushels.	214
Peppers	1,420
Radishes, bushels	40
Rhubarb, bushels	52
Salsify, bushels.	25
Spinach, bushels.	28
Squash.	1,994
Swiss chard, bushels	40
Tomatoes, bushels.	1,150
Turnips, bushels.	300

Laundryman's Report.—The laundryman reports the satisfactory working of the new building and machinery, and states that 1,600,000 pieces of wearing apparel have been washed, dried,

ironed and returned to the various wards with remarkably slight losses or misplacements.

Canning Department.—There were put up in this department the following :

Tomatoes, gallons.....	2,750
Catsup, quart bottles.....	1,036
Jellies, pounds.....	142
Fruits, quarts.....	1,000
Pickles, gallons.....	672

Steward's Report.—The steward has furnished the following interesting table of the amounts used and average prices paid for the leading articles of food consumed in the institution during the past three months :

Articles.	Amount.	Price in decimal fractions of a dollar.
Beef, fresh, pounds.....	48,292	.062
Beef, corned, pounds.....	1,725	.034
Butter, pounds.....	9,611	.21½
Bacon pounds.....	25	.139
Cheese, pounds.....	1,170	.120
Codfish, pounds.....	111	.075
Chicken, pounds.....	610	.147
Chicken, dressed, pounds.....	117½	.250
Crackers, pounds.....	667½	.0645
Coffee, pounds.....	1,794	.254
Chocolate, pounds.....	50	.340
Corn, canned, cans.....	24	.125
Eggs, dozens.....	3,417½	.192
Fish, fresh, pounds.....	7,574	.036
Fish, pickled, pounds.....	410	.089
Flour, wheat, barrels.....	270½	4.797
Flour, rye, barrels.....	10	4.375
Ham, pounds.....	228	.135
Lemons, boxes.....	10	4.600
Lamb, pounds.....	1,299	.131
Mackerel, pounds.....	210	.089

Articles.	Amount.	Price in decimal fractions of a dollar.
Molasses, gallons.....	96½	.350
Milk, quarts.....	74,830	.025
Oranges, boxes.....	8	4.406
Prunes, pounds.....	1,699	.059
Rice, pounds.....	1,430	.052
Raisins, pounds.....	325	.054
Sugar, white, pounds.....	2,516	.049
Syrup, gallons.....	212½	.293
Tea, pounds.....	701	.253
Veal, pounds.....	106	.080

IMPROVEMENTS.

During the past year we have completed an artesian well for the purpose of supplying water to the hospital. This well is 600 feet deep, and the bore is eight inches in diameter. It is capable of supplying about seventy-five or eighty gallons of pure water per minute, and the engineer who dug the well thinks its capacity will be about 100 gallons per minute when all the seams at the bottom of the well are thoroughly cleaned out. A suitable pump has been attached to this well, and water is now forced into the large tank in the tower of the main building, and from there it passes through all the buildings, and gives a plentiful supply of clear and uncontaminated water. This is a most needed improvement.

A new boiler, 6x18, has been placed in the boiler-house, and another one will soon be added to the nest; thus enabling us to furnish steam sufficient for the entire institution without using the two boilers now located in the basements of the day-room blocks.

The rough ground along the side of Monhagen avenue, from the gate entrance of the park to the Summit, has been graded, a sidewalk has been constructed, a new stone-wall has been laid, and the general appearance of the place has been considerably improved.

A new railroad trestle has been constructed over the coal dump. This improvement was an imperative necessity, because the old trestle had become so decayed that the Erie company refused to run any longer the risk of placing cars upon it. The new trestle is located more conveniently for the disposing of coal at the boiler-house than the old one. It is several feet higher than the old trestle; hence less labor is required in the handling of the coal.

The greenhouses have been improved by the construction of a covered passage in the rear of the line, so that plants may be carried from one house to another without exposure to the open air. Also, a chrysanthemum house has been built by the carpenter and the florist whenever a leisure hour could be found for this work. The task was undertaken by our own employes in order to save all possible expense.

An addition to the boiler-house is being constructed for the purpose of accommodating all the pumps which must be moved from the boiler-house proper, in order to make room for the new boiler which has been ordered.

IMPERATIVE NECESSITIES.

The growing needs of the hospital may be briefly stated as follows:

As there are now nearly 900 patients in the institution, and as the number is likely to be increased very shortly, either by transfers from county institutions or by the admission of those who seek care and treatment from the community, we should have another farm. The State now owns for this institution less than 300 acres. We should have 300 acres more, and this land should be selected, if possible, where the acres have a convenient contiguity to the present hospital farm. If this desired end can not be attained without the payment of an exorbitant price, then some cheaper land might be selected three or four miles away

from the city of Middletown, and upon this detached farm we might have a special dormitory for the accommodation of patients who could work to advantage upon such a place.

We need more buildings in the immediate future. During the coming winter an appropriation should be secured with which to build "Guernsey Hall"—a proposed duplication of Talcott Hall. This could be made to accommodate 125 male patients; while a new hospital pavilion for women should be erected between Talcott Hall and Grinnell Cottage. The plans for these two buildings can easily be made, as they would practically be simply duplicates of buildings already approved by the State architect, Mr. Isaac G. Perry.

During the past three years the average annual increase of patients has been 111. During the past two years the average annual increase has been 135; hence it may readily be seen that new and spacious buildings should be erected at once if it is deemed desirable by the people and their lawmakers to continue "State Care for the Insane" in a thorough and proper manner. If appropriations for new buildings are refused by the Legislature, then the process of overcrowding must continue and augment in its dangerous force. Already, in the old buildings, we are overcrowded to the extent of 200 patients. With an average annual increase of from 111 to 135 (as we may reasonably expect during the next two years) we shall find ourselves at the expiration of that period overcrowded with between 400 and 500 patients, and this in an institution designed, all told, including the new buildings, for from 875 to 900 patients. Surely the politicians who sometimes direct the currents of thought for the people, can readily perceive the imperative necessity of the situation (a necessity for immediate appropriations for new buildings), and we hope that our appeal will not only be heeded, but that it will be quickly and justly responded to by those whose duty it is to furnish the necessary means for the care of the helpless and unfortunate insane.

We need more additions to the hospital staff. At the present time the superintendent has but four assistants to aid him in the work of caring for nearly 900 patients. We have tried to secure the services of a woman assistant physician, but thus far have been unsuccessful. We need at once one or two more medical assistants. There should be one assistant physician for every one hundred and fifty patients in every hospital where state care, which is supposedly a synonym for good care, is the boast of the managers.

APPROPRIATIONS.

After a careful examination of the entire plant, we have made a list of the appropriations which will be needed during the coming season. The money asked for is necessary in order to keep every portion of the institution in good working condition, and in good repair. We should not only make additions to the building for the accommodation of patients and officers and employes, but we should also seek to enlarge and perfect the water supply and the heating apparatus, so that these imperative necessities may be fully adequate to every demand.

Addition to salary appropriation.....	\$1,100 00
Additional buildings for patients.....	75,000 00
House for assistant physicians.....	6,000 00
Dormitory for attendants and help.....	5,000 00
Addition to cow stable and storage for hay	3,000 00
Addition to piggery.....	1,000 00
Additional fire escapes.....	3,500 00
Addition to electric light.....	2,000 00
Clock for tower in main building	1,000 00
Addition to laundry and machinery for same.....	2,500 00
Replacing bedding and furniture in halls.....	4,000 00
Addition and repairs on heating apparatus in pavilions.....	7,000 00
Farm (additional pasture and tillage).....	10,000 00
Artesian well and deep well pump	5,000 00
Storage reservoir.....	5,000 00
Ice pond	2,000 00

Ice house.....	\$3,000 00
Spray baths.....	2,000 00
To enlarge main steam and return pipes.....	1,000 00
Stone floors, pavilions 1 and 2.....	1,500 00
Plumbing, pavilion 1.....	1,000 00
Fire apparatus.....	2,000 00
New roof, main building.....	800 00
New smokestack, brick.....	2,200 00
New hot water boilers.....	1,500 00

FURTHER CONSIDERATION OF OUR PRESENT CONDITION.

We have been called upon recently to face conditions which are neither consoling to us nor flattering to the system under which we work. The aim of the act entitled "State Care for the Insane," passed in 1890, was to provide for the pauper and indigent insane. Unfortunately, the scope of the act was not sufficiently broad and catholic. The act should have been "An Act to provide for the Care and Cure of the Insane of the Commonwealth of New York." It should not have been limited to one class, namely, the poor. We reiterate that the insane of all classes are helpless, and as helpless citizens they should universally become the wards of the State, or at least they should all enjoy that privilege if it is desired and sought. Wardship from a legal standpoint, implies helplessness and the possession of something to care for. Ordinarily it means the possession of both life and property, as in the case of a minor bereft of parents who are the natural guardians. When a man becomes insane he is helpless, whether he is rich or poor. If he has property to care for as well as life while in this helpless condition, he should be doubly the ward of the State. But, unfortunately, the law of 1890 simply contemplates wardship for those who are poor, and who have life only to protect. The proposition to care only for the pauper

insane is radically wrong, because it leaves unprotected all those who have been thrifty, self-supporting and accumulative while health and reason lasted. The self-supporting classes are often the most help to the community, caring for others as well as themselves when well, and therefore are the most deserving of care and protection by the State in the hour of sickness. Many of the pauper class have brought themselves into their sad condition by habits of recklessness, of prodigality, and of dissipation; and they become a burden to society through their own thriftless and prodigal ways and actions. But, whatever may be the deserts of either one class or the other, we believe that all classes of the insane should be admitted to our State hospitals, impartially and unhesitatingly in the hour of their affliction, and that each class should be taken care of in accordance with their necessities and their means. The poor should be cared for in an intelligent and charitable manner; the self-sustaining should be cared for skillfully and scientifically in accordance with their former customs of living, and in accordance with the means supplied and the comforts demanded. Here comes the individualization of each case, and the weighing out to all of equitable treatment upon the scales of righteous justice.

We come, now, to a consideration of our present state. As we have already intimated and reiterated, the wards of this institution are overcrowded. Shall those who overcrowd the wards already occupied be transferred to the new buildings just completed, or shall these new buildings be filled with transfers from county asylums, thus continuing the overcrowding of the buildings now in use?

Since the passage of chapter 91, Laws of 1891, which provides for the erection of new buildings for the pauper insane — an act which was passed March 20, 1891, — there have been sent to this institution, from the Middletown Hospital district, 326 patients. Seventy-eight have been discharged, leaving on hand 248 patient

of the pauper class from this hospital district. As the money was appropriated for the purpose of caring for the pauper insane of this allotted district, why should not the new buildings be utilized at once by placing these pauper patients who have come in from the community, and who are now overcrowding the general wards, into the new buildings designed for this class?

The following correspondence is self-explanatory, and is presented in this report as a full statement of our position, and the action of the State Commission in Lunacy:

“STATE OF NEW YORK:

“OFFICE OF THE STATE COMMISSION IN LUNACY, }
“ALBANY, August 29, 1892. }

“DR. S. H. TALCOTT, *Supt. Middletown State Homeopathic Hospital, Middletown, N. Y.*:

“DEAR SIR.—If you are in a position at this time to give a safe estimate as to the date upon which your new buildings will be ready for the reception of patients, I shall be under personal obligations to receive this information. In forwarding the statement, please specify the number of patients of each sex you will be able to accommodate.

“I am, very respectfully yours.

“T. E. MCGARR,
“*Secretary.*”

“MIDDLETOWN, N. Y., August, 31, 1892.

“*State Commission in Lunacy, Albany, N. Y.*:

“GENTLEMEN.—The new buildings are nearly finished, and we are having them furnished and made ready for patients as rapidly as possible.

“A quarterly meeting of the Board of Trustees will be held on the eighth of September, and at that time we will ask the trustees to make a report to the Commission of such vacancies as may then be had.

“Very truly yours.

“SELDEN H. TALCOTT,
“*Med. Supt.*”

"MIDDLETOWN, N. Y., September 9, 1892.

"CARLOS F. MACDONALD, M. D., *President of the State Commission in Lunacy, Albany, N. Y.:*

"MY DEAR SIR.—I am requested by the board of trustees of the Middletown State Homeopathic Hospital to notify you of the following facts:

"(1.) The two new buildings—one for males, and one for females—have been erected and completed with funds appropriated in accordance with the provisions of chapter 91, Laws of 1891. The appropriation of 1891 provided for buildings to accommodate two hundred (200) patients at this hospital. The new structures will comfortably house that number.

"(2.) The buildings apart from the two new ones are designed to accommodate six hundred and seventy-five (675) patients. We have upon the census roll of the institution to-day, eight hundred and seventy-seven (877) patients. Hence, the wards now in use are seriously overcrowded. Seven of the eight day-rooms are filled with beds for the continued use of patients, thus depriving the inmates of the natural and intended use of these sitting-rooms. There are, therefore, at this hospital already patients enough to fill comfortably all the buildings, both old and new, with no present provision for patients who must come in from the community, except by a process of overcrowding.

"(3.) Since the passage of the law appropriating funds for the erection of new buildings for the care of the indigent insane—namely, March 20, 1891—we have admitted from this hospital district three hundred and twenty-six (326) patients of the indigent and non-supporting class. Seventy-eight (78) of these have been discharged, leaving two hundred and forty-eight (248) still under care. It is the opinion of the Board that those who have come in as pauper patients from this district since the act went into effect should be justly entitled to occupy these new structures, as they were designed to accommodate the pauper insane from this district.

"(4.) Since the 21st of April, 1892, to the present time, we have been obliged to refuse the admission of about sixty-three patients whose friends desired for them homeopathic treatment at the

Middletown State Homeopathic Hospital. We were obliged to deny these patients the privilege they sought, because of the fact that they resided outside of the Middletown Hospital district, and the Middletown Hospital was already overcrowded with patients from this district.

"After considering these conditions, and mindful of the duty which rests upon them to provide proper and comfortable care for those already here, the members of the board of trustees have instructed me to state to you that they can not assume the responsibility of reporting any vacancies under the law, because in their opinion such vacancies as are contemplated by the law do not exist. (Sec. 9, chap. 126, Laws of 1890.)

"Another important and distressing fact is to be considered in this connection. During the past two years, or since the State Care Act went into effect, the average yearly increase of patients at this institution has been one hundred and thirty-five (135). On the first of October, 1890, there were six hundred and six (606) patients under treatment at this hospital. On the first of October, 1891, there were seven hundred and sixty-five (765) patients, showing an increase of one hundred and fifty-nine (159).* On the 8th of September, 1892, there are eight hundred and seventy-seven (877) patients under treatment, showing an increase since last October of one hundred and twelve (112). It seems likely that the annual increase of patients at this institution will be from one hundred (100) to one hundred and fifty (150). We can not secure an appropriation for more buildings and erect them in less than from eighteen months to two years. Consequently, if we are allowed to continue simply to receive patients from the community, and without transfers from county asylums, we shall soon again be overcrowded; but if two hundred (200) patients are transferred from county institutions to this hospital at once, then we shall have two hundred (200) patients more than can properly be cared for, and eighteen months or two years from now we shall be overcrowded to the extent of four hundred or

*"Subtracting twenty-nine (29) transferred from the Sullivan county almshouse from the increase of 1891, we have an average annual increase during the past two years of one hundred and twenty-one (121). The average annual increase for the last three years is one hundred and eleven (111), omitting the twenty-nine (29) transferred from the Sullivan county almshouse."

four hundred and fifty (400 or 450) patients, and that, too, in an institution designed for the care of eight hundred and seventy-five (875) patients. You can readily see what this condition will lead to.

"We submit these facts, and ask your most careful attention to them, and your candid and considerate advice.

"Very truly yours.

"M. D. STIVERS.

"Secretary of the Board of Trustees of the Middletown State Homeopathic Hospital.

No reply was received to the foregoing letter, but Commissioner Brown visited the hospital September eleventh and twelfth, and discussed the condition of affairs with the medical superintendent, after which the following letter was sent to the Lunacy Board :

"MIDDLETOWN, N. Y., *September 16, 1892.*

"State Commission in Lunacy, Albany, N. Y.:

"GENTLEMEN.—Since our communication to the president of your Board under date of September 9, 1892, Mr. Brown of your commission has visited this institution and suggested that in view of the crowded condition of the State hospitals, and in view of the desirability of transferring the insane now in county almshouses as soon as possible, that 100 additional patients be accommodated in this hospital—these 100 patients to be temporarily transferred from county asylums in this district.

"While we have no good reason for changing our views as expressed in our letter of September ninth, still, upon the ground of humanity and to demonstrate our desire to carry out the requirements of the State Care Act, we will cheerfully do our part towards that object.

"If you think it is necessary to recommend the temporary overcrowding of State institutions, let us see what our share of overcrowding really is. We have communicated with the other

State institutions, and find that overcrowding exists as follows:

Hudson River State Hospital, women's wards.....	80
Utica State Hospital.....	75
St. Lawrence State Hospital.....	75
Willard State Hospital.....	00
Binghamton State Hospital.....	00
Overcrowding, total	<u>230</u>

"We regret our inability to hear from Buffalo, but no response came to our inquiry, and the Rochester Hospital is not yet rehabilitated on the plan contemplated under the State Care Act.

"Here are five fully equipped State hospitals, having accommodations for about 5,000 patients, and the total overcrowding amounts to 230, or four and three-fifths per cent. At this institution, aside from the new buildings, we have accommodations for 675. We have upon the census roll 878, showing an excess or overcrowding of 203 patients—an overcrowding of over thirty per cent.

"Estimating the new buildings as capable of accommodating 200 patients, we still have an excess of *three* over all accommodations.

"Commissioner Brown when here intimated to the superintendent of this hospital that he would, at a coming meeting of the districting board, urge the elimination from this district of the counties of Queens and Richmond, in order to afford such relief to this hospital as would enable its trustees to admit patients from other parts of the State whose friends desire for them homeopathic treatment.

"During the year ending October 1, 1891, we admitted from Richmond and Queens counties seventy-one patients, and during the past four months we have been obliged to refuse the admission of sixty-three patients living outside the district, and whose friends wanted very much to have homeopathic treatment for them. At the Gilsey House, on the 14th of July, 1891, we asked your honorable Board to reduce the Middletown hospital district by assigning the counties of Richmond and Queens to

some other district, thus enabling us to fulfill the purpose of this hospital—that of affording homeopathic treatment to those in this commonwealth who might desire it. No action has been taken on our application of that date.

“Will your honorable Board kindly intimate the number of patients we ought to take *pro rata* with the other institutions, in excess of the normal capacity; and also will you kindly intimate how soon the counties of Richmond and Queens may be assigned to another district?”

“While we are willing to do all in our power for the fulfillment of the State Care Act, and for the accommodation and care of the insane at all times, we feel deeply sensible of the dangers of overcrowding, and we know that such a process almost inevitably increases the death rate and decreases the recovery rate of an institution like this. Therefore, we object to unnecessary overcrowding, and appeal to you for an equitable adjustment of this overcrowding in the various hospitals in the State, assigning to each its proper *pro rata*.

“The board of trustees instructed me to make these statements, and to invite an early response from the State Commission in Lunacy.

“With great respect, I am,

“Very truly yours.

“M. D. STIVERS,

“*Secretary of the Board.*”

“STATE OF NEW YORK:

“OFFICE OF THE STATE COMMISSION IN LUNACY, }
“ALBANY, *September 19, 1892.* }

“HON. M. D. STIVERS, *Secretary, Board of Trustees, Middletown State Hospital, Middletown, N. Y.:*

“DEAR SIR.—I have to acknowledge the receipt of your letter of September sixteenth.

“While I am unable to make any official statement on behalf of the members of the State Commission in Lunacy, owing to the absence of the commission from the city at this time and the fact that a meeting is not likely to be called soon, I may be permitted, perhaps, to offer a few suggestions: The average

percentage of overcrowding is seventeen, leaving out of consideration the Middletown State Hospital which, if included, would tend to materially raise the average. The reported capacity of the Middletown State Hospital, exclusive of the State Care buildings, is 675. We have a written communication from Dr. Talcott that the new buildings would accommodate 225 patients. But taking the capacity of the institution at 900, as officially reported, and the population as it stands to-day at 877, six per cent of overcrowding would bring the whole number up to 954. This would permit of the transfer of the twenty-two patients in Suffolk and not to exceed fifty-five in Orange county; the number in actual custody in Orange county at present being sixty-four, a reduction of nine cases being allowed for by discharges of cases, upon the order of the court, which are found to be not insane within the meaning of the statute. While being unable to speak officially upon this subject, I feel reasonably assured that the commission would be satisfied with the transfer of these seventy-seven cases in order to terminate county care in the counties of Suffolk and Orange. If the counties of Richmond and Queens were removed from your district, your number of admissions would materially decrease and a very comfortable condition of affairs would undoubtedly ensue.

"As before stated the commission has no desire to have your institution unduly overcrowded; but it believes that the Middletown State Hospital, in common with the other State hospitals, should be willing to receive its share, temporarily, of so-called overcrowding, as in less than six months additional new buildings will be completed to such an extent that your numbers can be reduced to the basis you term your normal capacity. From conversation had with different members of the commission with reference to the redistricting, I am satisfied that when a meeting of the districting board is held, there will be a disposition to cut down the Middletown hospital to not to exceed five counties, provided the authorities of that institution show a disposition to assume its share of this small temporary excess of patients.

"Very respectfully yours.

"T. E. McGARR,

"Secretary."

"MIDDLETOWN, N. Y., *September 20, 1892.*

"*State Commission in Lunacy, Albany, N. Y.:*

"GENTLEMEN.—Your unofficial statement to Mr. Stivers has been handed to me for reply.

"Overcrowding at Utica, September first, was 161. September thirteenth, Dr. Blumer telegraphs overcrowding as 'about 75;' a reduction of eighty-six in less than two weeks. This shows a grand and rapid progress in the right direction.

"According to your figures the average overcrowding in seven State hospitals is about seventeen per cent, while at Middletown the average is over thirty per cent.

"My statement to the commission that we would, probably, accommodate 900 patients when the new buildings are completed, is correct as far as my judgment goes. The board of trustees thought it right and proper to report the accommodation for 200, made by expending \$110,000, which was in actual accordance with the law itself.

"I stated to Commissioner Brown recently, that I was willing to accommodate a fair proportion of those who might, temporarily, have to be crowded into our State hospitals; this was unofficial however, and did not in any sense bind the board of trustees.

"Unofficially, we are still in a most accommodating mood, but officially we must obey the mandates of the trustees.

"I believe that the settlement of this matter would be arrived at more speedily if your honorable Board would make an official reply to the committee of the Middletown hospital board, and officially state its position upon two points: First. How little of overcrowding may we be permitted to indulge in for the present? Second. How soon may the lines bounding this district be diminished by cutting off the counties of Richmond and Queens, thus reducing the influx of patients from these counties, and making room for homeopathic patients residing outside the district?

"With renewed assurances of amiable consideration,

"I am, very truly yours.

"SELDEN H. TALCOTT,

"*Medical Superintendent.*"

"STATE OF NEW YORK:

"OFFICE OF THE STATE COMMISSION IN LUNACY, }
 "ALBANY, September 28, 1892. }

"DR. S. H. TALCOTT, *Superintendent Middletown State Homeopathic Hospital, Middletown, N. Y.:*

"DEAR SIR.—By direction of the president of the State Commission in Lunacy, I transmit herewith copy of an order this day transmitted for service upon the superintendents of the poor of Orange county; also a copy of an order served upon the superintendents of the poor of Suffolk county. You will probably be able to arrange with these officials as to the most convenient time for receiving the patients.

"I am, very respectfully yours.

"T. E. McGARR,
"Secretary."

"STATE OF NEW YORK—STATE COMMISSION IN
 LUNACY.

"Present—CARLOS F. MACDONALD, M. D., *President.*

"IN THE MATTER OF THE TRANSFER OF SIXTY-FOUR PUBLIC INSANE PATIENTS FROM THE ORANGE COUNTY ALMSHOUSE TO THE MIDDLETOWN STATE HOMEOPATHIC HOSPITAL, UNDER THE PROVISIONS OF SECTION 5 OF CHAPTER 126 OF THE LAWS OF 1890.

"*To the Superintendents of the Poor of Orange County:*

"*Ordered.* That you, as superintendents of the poor of the county of Orange, be and you are hereby directed on or before the 10th day of October, 1892, to transfer to the custody of the superintendent of the Middletown State Homeopathic Hospital, or to his accredited agents, the sixty-four public insane patients now in your custody as superintendents of the poor under and by virtue of medical certificates of lunacy or orders of transfer from State institutions, as follows:

(Here follow the names of the sixty-four patients—thirty-two males and thirty-two females.)

"2. That each patient be accompanied by the medical certificate of lunacy, or copy thereof, or the order of transfer from a State institution, under and by virtue of which such patient is held.

"3. That you, as superintendents of the poor, be and you are hereby directed to notify the State Commission in Lunacy of the number of patients so transferred, as above directed, and the date of their delivery to the medical superintendent of the Middletown State Homeopathic Hospital.

"Dated ALBANY, *September 27, 1892.*

"By the president.

"[L. s.]

T. E. McGARR,

"*Secretary.*"

"STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

"Present — CARLOS F. MACDONALD, M. D., *President.*

"IN THE MATTER OF THE TRANSFER OF TWENTY-ONE PUBLIC INSANE PATIENTS FROM THE SUFFOLK COUNTY ALMSHOUSE TO THE MIDDLETOWN STATE HOMEOPATHIC HOSPITAL, UNDER THE PROVISIONS OF SECTION 5 OF CHAPTER 126 OF THE LAWS OF 1890.

"*To the Superintendents of the Poor of Suffolk County :*

"*Ordered.* That you, as superintendents of the poor of the county of Suffolk, be and you are hereby directed on or before the 3d day of October, 1892, to transfer to the custody of the superintendent of the Middletown State Homeopathic Hospital, or to his accredited agents, the twenty-one public insane patients now in your custody as superintendents of the poor, under and by virtue of medical certificates of lunacy or orders of transfer from State institutions, as follows :

(Here follows the names of twenty-one patients ; namely, ten males and eleven females.)

"2. That each patient be accompanied by the medical certificate of lunacy or copy thereof, or the order of transfer from a State institution under and by virtue of which such patient is held.

"3. That you, as superintendents of the poor, of the county of Suffolk, be and you are hereby directed to notify the State Com-

mission in Lunacy of the number of patients so transferred, as above directed, and the date of their delivery to the medical superintendent of the Middletown State Homeopathic Hospital.

“Dated ALBANY, *September 27*, 1892.

“By the president.

“[I. s.]

T. E. McGARR,
Secretary.”

The foregoing correspondence is presented for the information of those who are interested in the actual condition of affairs relative to overcrowding, and to the transfer of patients from county almshouses to this hospital. While we are willing to do our share of the great work of affording State care for the insane, we are impressed with the serious dangers of overcrowding, and we can not, in compliance with the present law, report any vacancies, as none have thus far, in our judgment, existed within the clear meaning of the statute.

A PLEA FOR MEDICAL LIBERTY.

The Middletown State Homeopathic Hospital is an institution which was organized not only for the simple purpose of caring for the insane, but it was established for the purpose of exemplifying in its broadest and loftiest aspect the sacred principle of medical liberty. This is a fundamental principle of human right and human justice. Every intelligent man reaches out instinctively for that freedom of thought, and speech, and action, which is the highest prerogative of human existence, and the surest means for the development of human progress.

The principle of medical liberty is coincident with liberty of conscience, and liberty in civil and political affairs. Liberty is the essential essence of human happiness; it is the oil that lubricates all the machinery which impels the advancement of humanity's cause. When liberty grows cold, the wheels of progress stick and creak upon their axles, and the hindrances in the onward march become painfully apparent to every listening beholder.

Liberty of conscience was attained when the persecuted Puritan of England, and the harried Huguenot of France found safe refuge and toleration, and freedom to worship God in the manner most suitable to their own minds and souls, upon the broad and fertile and well-diked plains of Holland. Under the level of the ocean, the principle of toleration for other men's religion grew into a glorious and world famous entity. To the tolerant and fraternal inhabitants of Holland, we owe the first positive enactments in behalf of liberty of conscience. Civil and political liberty were attained in this country through the Declaration of Independence in 1776, and its triumphant achievement in 1783. While there are long halts along the path of human development, we have likewise mighty marches toward the goal of universal liberty. In this land, more than anywhere else, is the fullest freedom likely to be attained. Through the broad and beneficent action of the State of New York, medical liberty has been placed, during the past seventeen years, side by side with civil, political and religious liberty. But it has been truly said that "Eternal vigilance is the price of liberty," and unless we pay that price in daily, or monthly, or annual installments, we are likely to be deprived of the boon most desired. We expect to keep on fighting for the cause of medical liberty until its establishment and continuance are vouchsafed by irrevocable laws; and we know that the homeopathists of this State will unite with us when their liberties are infringed upon, and they will strike straight, continuous and ponderous blows against those who seek to deprive them of that sacred and inalienable right of choice in medical matters. When the human temple and the human mind are afflicted by serious and painful disease, then freedom of choice is the highest essential to happiness, and to the prospect of recovery. Next to the privilege of seeking salvation in an untrammelled way, comes the individual privilege of caring for one's body and mind in a manner most suited to

the intelligence, the wisdom, and the purpose of each and every citizen in the land. The State of New York has led the van in this great work of establishing medical freedom, and now it should not only rectify any mistakes which may have been made during the past two or three years, but it should also broaden and strengthen the foundations of the temple of universal liberty that have been partially laid, but which are not yet fully completed.

CONCLUSION.

The people of the State of New York should understand our situation, and therefore we repeat and emphasize certain points.

“The Middletown State Homeopathic Hospital” is a misnomer; it should be the “Middletown District Hospital for the accommodation of the following named counties: Orange, Sullivan, Ulster, Rockland, Richmond, Queens and Suffolk.” For it is a fact that we have been obliged during the past four or five months to refuse admission to about seventy patients residing outside of the district, and whose friends wanted for them homeopathic treatment. It is an ostracism of the homeopaths of fifty-three counties of this State from the benefits which they believe they might realize if they could place their friends in this institution for treatment. This condition has been forced upon us by the allotment of a hospital district that is too large for our present capacity, and which has resulted in a state of overcrowding. If we could be permitted to have a local district of three or four counties of moderate size, and also have the State allotted as a district at large, thus accommodating homeopaths from all portions of the State, we could then render justice to those for whom this hospital was built.

It might be asserted that private patients could be sent elsewhere, and only pauper cases cared for, in which case we would not be so much overcrowded. But for nearly two years we have accepted only those private patients who, by

reason of their financial condition, could not gain admission to a private institution; hence, if turned away from our State hospitals, they must either become paupers, or outcasts upon the highway.

We venture now, as our final recapitulation, to state the following: After carefully considering the entire matter, we believe that the State Care Act should provide for the admission, to our State hospitals, of any or all of the insane who may wish to come, or whose friends may wish to send them. Room enough for all should be amply provided by immediate appropriations. Those who prefer the homeopathic method should have the first right of entrance to this institution from any part of the State. Those who prefer the old school treatment should have the right to go to old school hospitals without let or hindrance, all expenses for public patients to be paid by the counties, or by the State. Here is the principle of universal care for the insane bestowed under the management of the State, and permitting the fullest exercise of medical liberty at all times, and under all circumstances. We say to the incoming Legislature:

“We sue for simple justice at your hands,
Naught more we ask, nor less will have.”

Again, in conclusion, we desire to express our appreciation of the work performed during the past year by the officers and employes of this hospital. They have wrought under strangely discouraging circumstances at times, but they have not faltered nor hesitated, nor lost faith in the cause, nor have they deserted the ship. For their fidelity and continuance, for their energy and active intelligence, they are entitled to the highest appreciation of the board of trustees, and they are entitled likewise to the gratitude and commendation of the public.

We present this twenty-second annual report to the Legislature, and ask that the members of our lawmaking body give to the

suggestions therein contained their careful and thoughtful consideration ; and we venture to express the hope that upon considering the needs of this great charitable work of providing for the insane, there will be a generous and quick response to our appeals for more room and more help.

Very respectfully submitted.

GRINNELL BURT,
President.

" B."

TREASURER'S REPORT.

1892.

Dr.

To cash on hand September 30, 1891.....	\$47,744 11
To cash from State Comptroller	96,869 26
To cash from patients for board	196,006 17
To cash from provisions and stores sold.....	437 14
To cash from ordinary repairs sold.....	30 50
To cash from farm and grounds sold	101 95
To cash from furniture and bedding sold	455 92
• To cash from fuel and light sold	314 27
To cash from clothing sold.....	1,109 59
To cash from interest.....	1,048 13
To cash from miscellaneous	1,495 36
	<hr/>
	\$345,576 40

To balance (cash on hand) September 30.....	<hr/> <hr/> \$51,411 68
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1892.

Cr.

By cash for salaries	\$12,850 00
By cash for wages	55,395 99
By cash for provisions and stores	59,098 41
By cash for ordinary repairs.....	4,612 39
By cash for farm and grounds.....	11,244 81
By cash for clothing.....	5,012 96
By cash for furniture and bedding.....	9,178 14
By cash for books and stationery.....	1,347 08
By cash for fuel and light.....	17,901 39
By cash for medical supplies.....	1,254 63
By cash for board refunded.....	294 13
By cash for miscellaneous	2,952 04

REPORT OF MIDDLETOWN STATE HOMEOPATHIC HOSPITAL. 41

1892. *Special appropriations.*

By cash for new boilers.....	\$2,157 10
By cash for new buildings under State Care Act...	87,930 56
By cash for books and instruments.....	610 00
By cash for electric light.....	6,002 54
By cash for farm improvements.....	1,500 66
By cash for farm stock.....	218 00
By cash for safe.....	250 00
By cash for sewerage.....	4,811 29
By cash for water supply.....	6,990 83
By cash for wall and sidewalk.....	156 06
By cash for kitchen-ware.....	367 55
By cash for carpets and furniture.....	1,825 86
By cash for painting buildings.....	202 30
By balance (cash on hand).....	51,411 68
	<hr/>
	\$345,576 40
	<hr/>

At a meeting of the executive committee, held this day, at the Middletown State Homeopathic Hospital, Middletown, N. Y., the foregoing report of the treasurer was examined, duly compared with his vouchers, and the same found to be correctly stated and balanced.

Dated MIDDLETOWN, *December 8, 1892.*

WILLIAM VANAMEE,
Chairman.

"C."

SUPERINTENDENT'S REPORT.

To the Board of Trustees:

GENTLEMEN.—My sixteenth annual report is herewith presented to your honorable board, with the request that it may be incorporated into your twenty-second report.

That you may have an idea of the magnitude of our labors during the past year, we present, first of all, a general statistical table, showing the numbers of patients under treatment, and the results attained for the year ending September 30, 1892.

TABLE No. 1.

Showing movements of population for the year ending September 30, 1892.

	Men.	Women.	Total.
Remaining October 1, 1891.....	392	372	765
Admitted during the year.....	157	182	339
Total number under treatment during year.....	550	554	1,104
Average daily population.....	418 $\frac{288}{100}$	408 $\frac{182}{100}$	827 $\frac{470}{100}$
Capacity of institution, including new buildings.....	....	....	875
Discharged during the year as recovered	43	82	125
As not recovered.....	33	23	56
As not insane.....	1	....	1
Eloped.....	1	....	1
Died.....	37	30	67
Whole number discharged during the year.....	115	135	250
Remaining September 30, 1892....	435	419	854

As will be seen in the foregoing table, 1,104 patients have been under treatment during the past year. The daily average number under treatment was $827\frac{103}{88}$. This institution has had hitherto a normal capacity for about 675 patients. The new buildings, erected with appropriations made for the purpose of fulfilling the decrees of the State Care Act of 1890, were designed originally for about 200 patients. It seems likely, however, that we may accommodate 225 cases in these new buildings. Hence, when they are furnished and ready for occupants, we shall have at this hospital a normal capacity for about 900 patients. On the last day of the fiscal year, whose history we now seek to record, we had 854 patients in this hospital. Deducting this number from the number of our entire capacity, and it will be seen that there are accommodations for but forty-six more patients. The question arises: How are we to admit, by transfer, the patients now languishing in county asylums, when acute cases, fresh from the community, have already so nearly filled the entire capacity of the institution?

The past year has been fraught with great cares and anxieties to the medical staff of the hospital. This staff has been small in numbers, but enthusiastic in purpose, and energetic in action. With more than 800 patients in the wards most of the time, I have had but three assistants to perform the duties assigned to them of caring for the helpless and sick insane.

We have endeavored to secure the services of a woman physician, but thus far our efforts in that direction have not proved successful. We have tried to secure the services of another male assistant physician, but several months elapsed from the time one was ready for examination, until the examination was conferred upon him. Dr. Ashley has recently been certified as a duly qualified candidate, and has received an appointment as fourth assistant physician.

With overcrowded wards, and with about half the proper number of assistant physicians, the work of curing or relieving the

insane has been carried on under a stress of dangerous annoyance on the one hand, and of painfully limited resources of help on the other. Possibly these circumstances and conditions may tinge and shade the present report to your honorable Board ; but we hope that you, as trustees, will not be so much depressed by what we shall say as to be discouraged in your future efforts for the amelioration of the condition of both patients and physicians at the hospital under your charge.

While the patients have suffered from the effects of overcrowding, and while the achievements in behalf of the sick have been lessened, as may be observed by referring to the list of recoveries and deaths, I am nevertheless enabled to state that the tasks which have been imposed upon the hospital staff of physicians have been cheerfully and manfully and honestly and energetically performed.

If the results are not as good as when overcrowding was not prevalent, we may point to the two methods of crowding and of not crowding, and state that the latter is much better than the former — that is, if a large recovery rate and a small death rate are desirable attainments in a hospital for the insane.

We come, now, to a discussion of the most palpable causes of insanity — a description of one or two of the leading forms of mental disorder — together with observations upon the conditions of certain cases ; also the means of caring for and protecting the insane, and for amusing and occupying them ; and following these will be a statement of the situation, together with proposed remedies for various ills and wrongs, and the portrayal of what should be had in the various departments of the hospital for its preservation, and the welfare of its inmates.

I have asked and received, in the preparation of this report, the co-operation of my assistants, Drs. Allen, Kinney and Arthur. To each of them a subject has been assigned upon which an essay will be written, and these essays will be found both interesting and valuable.

It is possible that in the presentation of another annual report, we may refer to experiences which have been touched upon in other annual reports. It seems almost impossible to avoid a certain amount of repetition in delineating from year to year those matters which touch most closely upon the welfare of the insane; and yet, we feel that some of the lessons to be derived from a study and observation of mental disorders can not too often be brought to the attention of the medical profession, and likewise to the people themselves. Hence, in preparing, for presentation to the Legislature and the public, another annual report, we feel the truth of the poetic assertion:

“ ’Tis hard to venture where our betters fail,
Or lend fresh interest to a twice-told tale;
And yet, perchance, ’tis wiser to prefer
A hackney’d plot, than choose a new, and err;
Yet copy not too closely, but record,
More justly, thought for thought than word for word;
Nor trace your prototype through narrow ways,
But only follow where he merits praise.”

The two leading and all-embracing causes of insanity are Worry and Intemperance. The attention of the reader is now invited to the first.

WORRY.

By Dr. C. SPENCER KINNEY.

“Long after the visitor has left the Bank of England, he will recall a small machine, insignificant in its size and general appearance, and yet to which is intrusted the responsibility of protecting the bank from reissuing light weight sovereigns. As these coins slide down an inclined trough they drop on a weighing pan for an instant, and if of proper weight, fall to the right and once more pass into trade; but if they have lost too much of their substance by the wear and tear of the world’s usage, they slide to the left where with a half split and a twist the commercial life of the piece terminates. While this mechanical contrivance is dependent upon the proper adjustment of its parts and the avoidance of any interfering agency, it is aided in separating the true weight from the light weight coins by a qualified human intellect presiding

over it. He sees to it that oil of the right quality and amount is supplied, at proper intervals of time, to needed parts. All that ripened experience has found necessary for the machine, it receives; and thus is capable of performing the object for which it was designed until symmetrically worn out. A little dust or neglect, on the part of the one in charge, is enough to impair its usefulness. Consequently, great care is taken to see that every part works in harmony with every dependent part. Unless all this is done, the machine is a failure.

Human beings are like this machine to a certain degree. They must choose through life between right and wrong, and on their proper decision depends the extent of their usefulness. As in the machine, a number of dissimilar parts work harmoniously to accomplish a given object, so do the diversified qualities composing the human mind unite for a common purpose. As dust and friction are to the machine, so is worry to the mind. While the machine must have human help to look after its needs, a human being is supposed to be endowed with those qualities of mind that enable him to direct all the powers which he may possess with a due amount of judgment.

Now the physical, mental and moral capacities of different individuals vary in every possible degree as do the nature and qualities of machines and the use to which they can best be applied. All this we expect. With one whose mental faculties work in harmony, and who, in addition to this, is possessed of excellent physical health, and is engaged in a congenial pursuit, worry does not find a ready lodgment. If we consider, on the other hand, the thousands who are handicapped by too much of this mental faculty or too little of that to constitute a really healthy mind, we shall come to the consideration of that class of unfortunates with whom worry has most to do.

A machine is only able to sustain a strain that is equal to the strength of its weakest part; so it is with the strength of a human being. As worry is a strain that is always plus the legitimate effort necessary to accomplish any given purpose, it follows that whenever indulged in, the nervous energy of the patient is more quickly exhausted.

With many, there is a nervous predisposition to degeneration of some organ or set of organs that, with care, might never

become diseased, and consequently worry is to be avoided as wholly as if it represented the worst of all dissipation. As worry creates certain symptoms, they should be heeded, not ignored, as they are danger signals that nature throws out to intelligence. Nowadays, we recognize that an eye strain induces an irritability of disposition, causes headache, changes the facial expression, and produces a lack of muscular co-ordination that interferes with one's occupation. As soon as these symptoms are discovered, properly adjusted glasses remedy the difficulty. This condition of affairs or similar hindrances to good work, we must recollect, lead to worry and produce an effect throughout the entire nervous system. This must be kept in mind constantly in reference to worry—that bad results follow long-continued worry as surely as destruction to the machine follows the use of sand in its bearings instead of oil.

While heredity lays a heavy hand on her victims, restraining them from assuming certain risks in life to which would be attached serious penalties, predisposition, insidious and far-reaching, is even more dangerous. Caused, as it is, by subtle methods of violating nature's laws, by ancestors remote as well as near, by injuries and by circumstances with which the powerless victim is buffeted it broadly lays the foundation for worry's work.

The injunction to "Know thyself" is an ancient one, and thanks to the wide teachings of the press, objectionable as it sometimes is, preventive medicine is becoming better understood and good results may be expected. But we must go farther and look upon the mental faculties of the growing child as something that has an existence, something that can be trained with benefit to the child not alone for the present time, but to the advantage of his entire lifetime.

Mental philosophy has for years been taught by those who do not appreciate it, from text-books written by those who did not comprehend the subject. Words have effectively concealed the paucity of thought, and practical applications have been forgotten by the pupil in acquiring befogging definitions. The delusion that all men are born equal has been a costly delusion of many teachers and parents, the results showing in the children who exemplify in their lives the mistakes resulting from wrong training. As well might we expect all machines to perform the same kind of work, simply because they happen to be machines,

as to expect all human beings to develop as they should and as nature may have endowed them, by methods of so-called teaching in which routine and dull uniformity are the leading objects of the course. Education to be worth anything should be an individualized one. What is easily taught one child is with difficulty acquired by another. Threats will not develop the dull, and yet tact and knowledge on the part of the teacher may bring out faculties of comprehension in certain lines of thought which the bright pupil may never attain. Continued efforts to bring them both up to a certain preconceived standard, without reference to the developing of personal resources, may do life-long harm to both, by teaching them early in life how to worry. Taught as mental philosophy should be, it would inculcate a practical knowledge of one's mental armamentarium, the limit of one's powers, and the extent of his mental resources. Without such a knowledge, one's existence assumes a happy-go-lucky gait that no power outside that of the Divine Ruler can save from coming to grief. Sporadic attempts are made on a small scale to teach children self-control by some parents and teachers, but seldom does this go beyond cautioning them regarding outbursts of temper and the exhibition of some unpleasant quality. Now, mental tendencies show in early life as quickly as do unfortunate manners and corrupt speech. An overstrain on the mental faculties of the child shows itself in a so-called nervousness, and should this not be checked it will result in laying the foundation of disease.

It is a sad commentary on the vaunted wisdom of our kind that the appreciation and care of the most exalted faculties we possess, from which our chief enjoyments spring, should be so little understood. Much of this comes from ignorance directly due to wrong teaching and indifference. What is not comprehended by their grosser sense, is of no interest, and the idea that worry could be productive of injury in any degree would not be accepted. It is not understood that mental defects, like physical ones, limit one in the performance of any task.

There is no faculty of the human mind that worry does not affect. There is no organ of the human body that it may not destroy. It dwarfs the intellect of the child, substitutes doubt for hope, and turns the days of childhood into periods that are

recalled in after years with sorrow and condemnation. In youth and middle age it foils, or puts in jeopardy, every effort of the ambitious, makes failure expected, and success a surprise. It is found smiling over the open grave of the suicide.

Old age is anticipated by worry's victim, and with a mass of broken efforts, blighted hopes, and here and there a splinter of ambition, he awaits the development of his last predisposition.

Men of mediocre ability are more easily irritated, more easily made suspicious and exacting, than are those possessing a greater mental grasp or equipoise. The first relapse into worry as a natural result of nervous overstrain. The latter throw it off by pursuing a new train of thought. The ignorance of all that worry is able to accomplish in blocking human efforts, is daily seen among the patients entering our State hospitals. One is said to have lost interest in his business and become insensible to his family or friends, complaining that what was once a source of pleasure to him now produces indifference or disgust. Pain is experienced about the head, irritability is marked; memory fails, the stomach seems to have given up work especially on certain articles of food, nutrition is impaired, depression in spirits as well as loss of physical strength becomes pronounced the bowels grow inactive, and there is a drying up of all mucous surfaces, and sleeplessness sets in. With these symptoms alone, the patient is well advanced toward acute melancholia.

Now with one temperament worry may induce melancholia; yet in another it may culminate in a sharp attack of mania, or resolve itself into a case of paranoia. With those who are ambitious, hard-working, genial men, inclined to carry forty pounds of strain when their limit is thirty-five pounds working force, worry gets in her fine work, and general paresis claims her own. This point must be kept in mind: As sand is in the bearings of fine machinery, so is worry when it begins to impede human toil. A few years ago we were told, by those having wide experience with the negro, that he did not have that form of mental disease we recognize as general paresis. The statement was probably true then, but it is not now; for since he has become endowed with the uncertain privileges of the franchise, and discovered that he is a wage-earner with all the anxieties

incident to efforts of self-support confronting him, it has drawn his attention from a life of carelessness to one having that disintegrating disease-breeding element of worry with which white people have had so long to deal. The fact of his having from all time subjected himself, through racial inclination, to every form of dissipation that has the reputation of producing the disease, was not recognized by those who were the exponents of the excess theories. Excesses are less liable to lead to disease than worry, as recuperation is likely to follow the former, while the tendency of the latter is to produce pronounced enfeeblement. Their effect upon the affections is different. In the victim of excesses, the ties of kindred are held dear, and the relationship to the family is appreciated, but the ability to correct the habit is tripped by a demented will. Worry, however, goes deeper, and paralyzes the affections to the extent of apathy. The victim of worry sees with unconcern the pained faces of his family as they part from the husband and father for the advantages of hospital care. Their tears are remembered with no pang, and he readily accustoms himself to the selfish contemplation of his own case. He now appreciates his situation only in a vague way, and he does not keenly suffer on account of the change in his affairs.

Worry is first and last a depressant. It may excite for a time, but only as an irritant, followed by depression of the organ excited. It can not coexist with perfect health. It acts as a ball and chain on the activities of every human impulse. In connection with its influence upon the mental powers, functional derangement of the heart, stomach and intestines are directly caused by its presence, and the effect on these organs may extend to every other. We may speculate as to the method worry pursues in order to accomplish its object, by blaming the liver as one cause, the sympathetic nervous system as another; but the truth remains that worry creates a slow, sluggish fever in which the moisture of the entire body is generously drawn upon. In those diseases, in which worry acts as an exciting cause, the long-continued exalted temperature tells the story of the life-consuming fire. One sees it in the early history of the melancholiac, and he becomes convinced of it as he views the burned out tissue of the paretic.

There is but one advice to give on this subject — don't worry. It has never given bread to the hungry, or money to the needy; yet it has taken bread from the mouths of thousands and rendered penniless those who once possessed wealth. To undo, but not to build up; to allow to sink, with no effort to sustain; to kill, rather than save is its one desire. It never has helped a man, and it will not help you. It is easy to begin but hard to stop. You may imagine that you possess strength to begin, to continue, and to stop when you will, but don't begin."

The preceding article, by Dr. Kinney, is replete with interest to every one, and should be carefully read. We now invite the attention of those who may be interested in it to another general cause of insanity, namely,

INTEMPERANCE.

Intemperance is a want of moderation and caution and care in the use or indulgence of the appetites, passions or emotions. Intemperance is of many varieties and shades. Its influence is felt in almost every action of which the human being is capable. We note most conspicuously the intemperance of indulgence in stimulating and intoxicating liquids. A man may be intemperate in eating and cause, by this means, severe diseases in himself; or he may transmit the effects of gluttony to his children; and yet, his act may not be as luridly apparent as the act of the drunkard.

Again, the intemperance of the debauchee may not be as openly observable as the act of the man who drinks too much of the fiery fluid; yet the act of the former may influence and injure coming generations more severely than the act of the latter.

There may be intemperance in action and expression; and there may be intemperance in refraining from action; that is, of repression of the normal use of God-given powers at times when they are mature and demanding active exercise as a just and imperative necessity.

There may be intemperance not only in eating and drinking, and in physical indulgence, but there may be intemperance in ambition, intemperance in imagination, intemperance in ideality,

intemperance in emotional expression, or in passionate desire. And, on the other hand, there may be intemperance in the repression or smothering of all commendable ambitions, hopes, desires, passions or purposes. Milton states a homely truth when he declares :

“Some, as thou sawest, by violent stroke shall die;
By fire, flood, famine, by intemperance more
In meats and drinks, which on the earth shall bring
Diseases dire.”

But these excesses in meats and drinks are simply the grossest, the greatest, the most readily apparent forms and expressions of intemperance. Beyond these, comes intemperance in thought, in idealization, in unstable reasonings, in partial and imperfect understandings, in crude and biased judgments, and in weak, erratic, spasmodic and disease-producing expression of the will.

Intemperance in all these matters may be the result of inherent tendency, or of acquired teaching. To live rightly and temperately in all things would require the unbinding of many of the cramping and constricting thongs of law, custom and creed.

Temperate living implies a loftier achievement than has yet been attained by the ordinary mass of the sons of men. Temperance can hardly be gained satisfactorily in a crudely developing and frequently changing community. If some men are temperate in the achievement of wealth and fame, the same men may be grossly intemperate in the expression of those passions known as envy, and jealousy, and hatred of those who by intemperate effort have prospered more than themselves in material things.

An even, all-around temperance will spur the individual to the unstrained use and activity of all his best powers, both spiritual, mental and physical. This temperance implies a loftier philosophy than has yet been accepted by the people. It involves a more careful consideration of the work of reproduction, of training and of education.

It is impossible in a report like this to do more than refer to the possibilities of well-rounded development, and of temperate achievement in every possible direction. It may be sufficient, now, to call the attention of the masses to the effects of palpable and easily discovered intemperance upon the brain, the nervous system and the mind.

We gain all knowledge by comparisons. The artist is fond of striking contrasts, and he seeks to impress more fully upon the mind of the beholder the light effects in his pictures by deepening the shades. By comparisons and by contrasts, truer understandings and better effects are produced. Hence, in this portion of our report we may, I think, be pardoned if we refer not alone to the hurtful effects of intemperance in the use of alcohol, but also to the beneficial effects of this drug when it is properly and scientifically administered. Therefore, we shall speak, very briefly, of both the uses and the abuses of alcohol.

As the brain is the most important organ in the human body — the center of perception and impression and consciousness; the seat of comparisons, of thoughts and ideas and understandings; the fortress of reason, the stronghold of judgment, the citadel of the will, and the republic of the mind — it becomes a matter of supreme interest and importance to know the effects of alcohol upon this organ, and upon its filamentary connections with the entire body.

The effects of alcohol upon the brain, nervous system and mind, are usually discussed by those of fanatical tendencies. Many of these jump to the unwarrantable conclusion that all diseases result from the use of alcohol, if any has been used, whether that use be temperate or intemperate. The few who dare to oppose the theory held by extremists in this matter are commonly those of the boldly satirical sort who with Rabelais, the French Lucian, declare that "drunkenness is better for the body than physic, because there be more old drunkards than old physicians."

We shall seek to avoid either extreme in expressing our opinions upon this question, and we shall strive to portray, without passion or prejudice, the effects, both good and bad, of alcohol upon the brain and mental and nervous systems.

We shall state at the outset the physiological effects of alcohol upon the brain; we shall state the effects observable from the abuse of this powerful agent; and we shall note likewise its beneficial effects, and the times and opportunities for securing the same, and also its therapeutical advantages in certain pathological brain conditions.

Alcohol is the product of sugar. When sugar is fermented the results are carbonic acid and alcohol in nearly equal weights. A pound of sugar will yield about one-half pound of proof spirits, or more than one-fourth pound of absolute alcohol.*

Just how much alcohol is manufactured in the process of digestion within the human system, we do not know. One fact, however, we have frequently observed. It is this: Those who are addicted to the use of alcoholic stimulants have, as a rule, but very slight cravings for food containing large quantities of sugar. Women and children, on the other hand, who do not usually partake of alcoholic stimulants, are, as a rule, extremely fond of sweetmeats and food containing considerably saccharine matter, especially when the sweetness is presented in the shape of ice-cream.

The first class referred to take their alcohol already prepared by artificial means; the latter may, so far as we are able to discover, be the true patrons of home industries in this direction.

The first effects of alcohol artificially introduced into the system is the quickening of the action of the heart. The brain, being freely supplied with blood vessels, and receiving a lion's share of the vital fluid, partakes almost simultaneously with the heart of the excitement thus superinduced.

Alcohol very readily passes into the circulation and becomes quickly and intimately mingled with the blood; hence, both by cardiac celerity and by corpuscular association, the stimulant of which we speak finds its way with rapidity to the seat and center of the mental activities. Functional changes become at once apparent, and general relaxation of the nerve and muscle fiber occurs. The fine and beautiful powers of co-ordination by which the nerve forces control and direct the muscular movements are seriously impaired; the articulation is impeded through labial insufficiency, the muscles of locomotion gradually fail, the extensors yielding before the flexors, artificial paresis is at first manifest, and, if excessive use of alcohol is continued, paralysis may occur at a later date.

Accompanying these physical changes are those of a psychological nature. At first the lower brain, governing and controlling

* Edward Smith, M. D., chemist.

the movements and actions of the body, is involved; but speedily the influence of alcohol invades the upper portions of the cerebral mass. The centers of perception and association, of comparison, of volition, of judgment, and of reason become slowly but surely involved. In some cases the victims become quiet, passive, stupid, dull, dazed, melancholy. Others become hilarious, noisy, vicious, pugilistic and incoherent.

The true nature of the individual is often thus exposed. Under the influence of alcohol men sometimes disclose to those around them their real natures—natures which have heretofore been carefully concealed. Rogues often tell the truth about themselves when crazy drunk; hence the ancient poet presented to the world an indisputable fact when he wrote these words:

“In vino veritas.”

The long-continued use of alcohol produces many important diseases of the brain—from passive congestions, and inflammations of the arterial coats, on to chronic opacities and thickenings of the enveloping membranes, sclerosis of the brain substance, atrophies of the nerve cells, hypertrophic metamorphosis of the neuroglia mass (the mass of network which sustains and keeps in place the nerve cells and nerve fibers), serous effusions, atheromatous deposits, hemorrhages, and consequent paralyses.

The active effects of alcohol upon the human brain are most frequently noted in the production of acute delirium tremens, and in that extreme state of mental obfuscation, known as alcoholic dementia. Between these two types of brain disease and mind disorder produced by the excessive use of alcohol, we find many shades and degrees of mental aberration.

In its general and Protean-hued effects, we find, under the abuse of alcohol, a complete picture of all the varied and changeable symptoms of insanity. It is a picture as weird and vivid and impressive as Hogarth's famous “Departure of the Troops of King Charles.”

Dr. Charles Mercier makes the following statement: “The manifestations of the actions of alcohol upon the organism are of great importance to the study of insanity, since by them we can artificially produce alienation of any degree, from a trifling

confusion of thought and unsteadiness of hand, through the various stages of maniacal excitement, to the profoundest coma, with total loss of consciousness and of voluntary movement, or even to complete ablation of the functions of the nervous system in death."

"There is no form of mania that occurs among the inmates of lunatic asylums that may not be exhibited by a drunken man. Violent, destructive, amorous, maudlin, dolorous, lachrymose, or what not; subject to illusion, hallucination, delusion, imbecility, whatever disorder of feeling, intellect or conduct can be discovered in a lunatic has its counterpart, allowing for individual differences in some cases of drunkenness. And the stertorous coma into which the drunkard at last subsides is identical in form with the coma which marks the closing stage of a fatal maniacal attack." Consequently, "by the multiformity of the symptoms that follow the ingestion of the same amount of alcohol by different people, we see the share taken by the inherent disposition of a man determining what form, if he becomes insane, his insanity shall assume." Insomnia, alcoholic hysteria, apoplexy, paralysis, epilepsy and the various forms of insanity may and frequently do result from the excessive use of alcohol."

The physiological effects of alcohol vary according to individual characteristics. In one person may occur a relaxation of the blood vessels and a consequent turgid and congested condition of the brain. In such persons melancholia and stupor and eventually well-marked dementia may be looked for. In other persons the alcohol may so far quicken the blood currents in the brain as to produce the most frenzied of maniacal excitement.

We have spoken of the bad effects of alcohol, its interference with muscular co-ordination and its disturbance of mental action. We have spoken of its congestions, its inflammations and the consequent organic changes which are likely to follow. We have spoken of the delirium tremens, the alcoholisms, insanities and other pathological misfortunes which may be produced by an unwise use of this overpowering drug; and yet, we find in the history of the world numerous instances of an apparently stirring or beneficial effect to be derived from the use of beverages containing moderate percentages of alcohol.

Some of the most prodigious brain-workers in the most active haunts of life, throughout the temperate zone, have felt the need of and found a use for alcoholic stimulants. To them these stimulants have, temporarily at least, quickened the activities of the brain, inspired the powers of imagination and expression, or after severe and trying effort have produced forgetfulness of exhaustion, and thus enabled recuperation from mighty labors to proceed with great rapidity.

It is generally known that the gentle and fascinating Goldsmith indulged in the fruitful stimulus of the cup. It is also known that Charles Lamb, and De Quincey, and Coleridge, and Lord Byron, and Shakespeare, and Charles Dickens, and Daniel Webster, and many others who might not wish to see their names recorded in this connection, have found strength, and courage, and tenacity of purpose for mighty and enduring effort from this same powerful and inspiring, though dangerous source.

It may be claimed by some that the lives of these men were shortened by their indulgence. Even granting the assertion, it may be claimed that in their special spheres of usefulness very few have been found among those refraining from the use of every form of stimulant who have equalled or surpassed the achievements of the men already named.

Yet I believe, for the general welfare of the ignorant and the unlearned (and these thus far constitute the majority of the human race), we should advise against the temptations and dangers of the inebriating and stimulating cup.

As a rule, we may assert that it is safer and wiser and better during the early life of the individual, and during all the healthful activities of maturity, and while the natural forces of digestion and assimilation are equal to the tasks of growth and common use, to abstain absolutely from the consumption of alcohol in any form. But when the powers of digestion and assimilation begin to fail, or when by reason of excessive toil and worry the system has become relaxed and exhausted beyond the power of natural food to readily repair, then alcohol in moderate quantities finds a wise and useful sphere of action in the animal economy.

Here we find the true homeopathicity of the drug, and it was upon this homeopathic theory that St. Paul urged Timothy to

"Use a little wine for thy stomach's sake," when that stomach was weak and halting in the performance of duty. Those who are opposed to the homeopathic use of alcohol in sickness and exhaustion, and who rail against the possible benefits of this important drug, are often recklessly intemperate in the expression of their views upon this vital topic; and it is well to remember that intemperance of speech is quite as harmful, and quite as likely to develop evil effects among men, and just as certain when indulged in to produce unhappiness upon earth as intemperance in the drinking of spirituous liquors.

We have to confront, in our every-day experiences among men, the indisputable fact that the use of stimulating drinks has been widespread and general from the time of Noah to the day when the Healer of Genesareth made wine for a marriage feast, and from that important epoch down to the present time. When we consider this fact, and the tendencies of the present times, we are forced to believe that it is not possible to wholly eradicate from the heart of man this desire for something that is stimulating and exhilarating; but we do believe that it is both possible and practicable to restrain within the bounds of moderation the tendencies of mankind to indulge in the use of stimulants.

A great moral restraint can be thrown about the young by portraying most vividly the evil effects of the excessive use of alcohol; and the middle-aged and the old may be restrained, or moderated, or modified in their appetites by persistently teaching the wise and appropriate use of stimulants as a last resort when the forces of the body are exhausted, when the elasticity of the mind is impaired, and the hopes and desires and aspirations of the soul are prostrated by the blasting winds of age or adversity.

The true philosophy which should govern the use of alcohol has been clearly expressed by the facile pen of Dr. Chambers: "Let it be taken, never as a stimulant or preparative for work, but as a defense against the injury done by work, whether of mind or body. For example, it is best taken with the evening meal, or after toil. Let the increase in desire for and power of digesting food be the guide and limit to the consumption of all alcoholic liquids."

Here we have the lesson. After prostrating toil, use proper means for recuperation. The guide and limit for the use of such means is the assistance afforded by the alcohol in producing a tolerance of abundant food by the stomach, and the moderation and regulation of the digestive process of the same agent.

While Dr. Chambers states the proper conditions and circumstances under which alcohol may be wisely and profitably used, he also voices this warning to those who may need it: "Let all with an hereditary tendency to hysteria, or other functional disease of the nervous system, refrain from its use altogether. Among the hereditary tendencies is a proclivity to delight in drunkenness, which remarkably runs in some families. Children with such an heirloom had best be kept as late as possible without tasting strong drink."

The classes of hereditary victims to which the learned doctor refers are those which should always keep near the shore, and refrain very largely from every physical indulgence, and likewise from engaging in every mighty enterprise of human progress which strains and eventually breaks all weak and imperfect material. These weaklings should no more indulge in alcohol than they should indulge in the inception of strong meats which they can not digest, or in the attempt to bear burdens which they are utterly unable to carry.

Stimulants when used at all should be mild, pure, and largely diluted with water.

It may be claimed by certain enthusiasts that no necessity for their use can ever exist; that we should always rest from work before we arrive at that stage of exhaustion which demands alcoholic aid. Yet who can always gauge the necessity for accomplishment with the measure of his ability, and invariably make the accounts evenly balance. To claim no necessity for undue toil is to deny the demands which strenuous times may put upon us. Some may live and feel no strain because they are not called upon for burdensome effort. Some men and women feel themselves at all times free from gigantic responsibilities. They wish to see progress, but they will not put their shoulders to the wheel. Yet the world must move. The moving power must be brain and brawn, and some must take the brunt of the battle. Art,

science, invention, are making irrepressible progress. Every nerve and muscle of enterprise is being put to the furthest tension, and for a mighty purpose. The "Lost Arts" of yesterday must be regained, for man's comfort and enjoyment, if possible; for the satisfaction of the schoolboy's eager desire for knowledge, if nothing more. Someone must put blood and brains into the hopper of the mill of progress. Someone must, if the highest achievement is to be attained, overstrain both his nerves and his muscles. These overstrained nerves and muscles have a right not only to rest after toil, but to every reinvigorating balm and strengthening draught. Everything that can be found in the storehouses of nature, or that can be compounded in the crucible of art, that may be of service to those who toil, is certainly designed for and is deserved by all zealous and willing workers.

Against the disastrous effects of the mightiest agencies in nature or in art the weak must be protected. Children must be kept out of the fire, and drunken dudes with imbecile wills must be restrained from the inception of alcohol, the use of which is a clear waste in their cases. Yet the strong may not be denied the advantages of using appropriate means for the accomplishment of the highest end. Fire and water are the most destructive of natural agents, yet combined and directed aright they generate the steam which propels the car of civilization around the world. Fire and water have their duties to perform, and alcohol likewise has its triumphs to achieve; and it will continue to work better and better results under the influence of a more enlightened and scientific application. It will not be dispensed with because, now and then, an unwise individual injures himself by the use of it, any more than steam will be dispensed with because it occasionally bursts a boiler.

Thousands of provings of alcohol have been made. The effects of this drug upon the brain and nervous system have been portrayed by poet, philosopher and priest. Sometimes the picture has been overdrawn; and again, it has been truthful in detail, and correct in its lurid coloring. From the provings we might reasonably expect good clinical results from the use of alcohol as a medicine, and in this we have not been altogether disappointed. The mental excitement of mania and of general paresis is some-

times promptly relieved by the use of very moderate doses of alcohol. We have had also beneficial effects in the relief of sleeplessness in melancholia by the administration of sensible doses of brandy—say from two to four ounces every night at bedtime.

A remarkable illustration of this fact is the following: Mrs. W., was admitted to this institution some years ago, and when she arrived she was pale, emaciated, anæmic, and a widow. She had suffered from melancholia most profoundly. For a long time she cherished the delusions that her mind was utterly destroyed, and that her soul was lost. She had hallucinations of hearing, and thought that a voice spoke to her constantly, telling her to “go to hell.” This patient had long suffered with insomnia, and it was of such an extreme nature that all ordinary remedies had proved utterly useless. We tried many medicines upon her without any apparent effect. The patient was the most utterly sleepless case that I ever saw. At length we put her upon brandy, giving her two or three ounces every night on retiring. As she was a very small, slight woman this seemed like a large dose, but it simply proved effectual without any subsequent deleterious effects. The patient commenced at once to sleep, and continued to do so for three or four months, when the brandy was gradually lessened in quantity until it was altogether discarded. The patient continued to sleep sufficiently, regained her usual flesh and strength, gave up her delusions, and was fully restored to a most cheerful and sunny disposition.

The experience derived in this case would not warrant the administration by a physician of brandy in every case of insomnia, much less would it be an excuse for members of the laity, reading of this case, to absorb brandy without medical advice in their own cases.

Dr. Benjamin Rush reported the case, many years ago, of a man who in a fit of melancholia concluded to commit suicide. He went to his room with a bottle of wine and a pistol. He cocked his pistol, and then uncorked the bottle of wine and took a glass of the liquid refreshment, in order to muster courage for the fatal deed. The wine which he drank produced a sense of relief. He took another glass and found in it at once a panacea for his many troubles. Suddenly the outlook became brighter, and his hopes returned.

He uncocked his pistol, finished his bottle of wine, and made up his mind that he could afford to live so long as the happy means for driving away his melancholia had been discovered.

We find that wine given to the victim of acute mania, where there is a rapid emaciation, great prostration, and total loss of appetite, will often afford relief, induce rest, and stimulate a commendable willingness to partake of food. These have been our bedside experiences, and yet we would urge caution, and enjoin individualization in every case where alcohol is administered.

The indiscriminate use of alcohol as a medicine may be as disastrous and unfruitful in results as the overabundant use of mercury, or opium, or antimonium tartaricum.

Just here the inevitable statistics assert themselves. Dr. Shepard says that forty per cent of the patients admitted to Colney Hatch Asylum, in England, are brought there by the direct or indirect effects of alcohol. Beer drinking is exceedingly common among the lower classes in Great Britain. From these lower classes come the inmates of Colney Hatch. Therefore, forty per cent of the insane are made so by alcohol. One writer claims that diphtheria is caused by eating potatoes, because almost every patient that has diphtheria was, previous to the attack, addicted to the use of that vegetable. Possibly the argument is as sound in the one case as the other. In Great Britain, where beer drinking extensively prevails, there is about one lunatic to every four hundred and seventy-five of the general population. In the mountains of Switzerland, where snow water is most commonly consumed as a beverage, there is one lunatic to every two hundred of the inhabitants. Will not someone, upon seeing these statements, rise and assert that snow water is twice as productive of insanity as beer?

The British Commissioners in Lunacy printed a table some time ago, setting forth the fact that after careful investigation they had ascertained that fourteen per cent of the insanity which occurs in all of Great Britain is due to the influence of alcohol. Their statement was made after very careful observation and inquiry, and is probably more correct, approximately, than the one made by Dr. Shepard.

During the fifteen years from 1877 to 1891 inclusive, there were admitted to the State Homeopathic Hospital at Middle-

town 3,290 patients. In the tables, showing the causes of insanity among those admitted, we find that 305, or about nine per cent of those admitted were "intemperate," supposedly in the use of alcoholic liquors—a distressingly large percentage, to be sure, but not so large as Dr. Shepard's, and somewhat smaller than the British Commissioner in Lunacy's report. Thus you may readily perceive that statistics vary even where the statisticians are plodding through the same general field of investigation, and looking for the same kind of game. Especially is this true where statistics are based upon opinions as to causes, rather than upon absolutely demonstrable facts. The statistics which we give are derived from experienced physicians, in actual practice among those who became insane through intemperance; and from friends who were thoroughly familiar with all the facts in each case.

We present these statistics in this report as stimulants to thought, as incentives to comparison, and as warnings against a too simple and childlike faith in the assertions of those who think they have discovered the universal cause of all human distress and degeneration.

In conclusion, we commend to every thoughtful reader a critical and candid consideration of this question of the effects of alcohol upon the nervous system—upon the human brain, and its royal occupant, the human mind. We would suggest that former prejudices upon this subject should be put away, in order that the light of truth may shine clearly into every darkened chamber of prejudice, and bigotry, and error. It is said that "when Anacreon and Horace, Phidias and Cellini, Etruscan potters and Venetian glass blowers, conspired to wreath the goblet with a halo of romance, they substituted an elegant appreciation for a degrading animalism, and led society a step onward in morality."

Dr. Chambers wisely asserts that "as our race becomes more enlightened by learning and experience, it is more to be trusted to make use of heaven's gifts without abusing them; and the degradation of mind and body which alcohol is capable of entailing will become hateful at the same pace as its true value becomes understood."

No one can feel more profoundly than myself the necessity for warning the young, the weak, and the reckless against indulgence in the excessive use of alcohol. No one, I believe, can feel more earnestly the necessity for a higher wisdom and a clearer light in the use of alcohol in the therapeutics of daily social life, and in the application of this powerful drug as a remedial agent for the relief of the sick. When the uses and the abuses of this masterful drug are fully understood by the people, we believe that each and every good and thoughtful citizen will, after careful consideration, be willing to adopt as a personal rule of action the following which was formulated by paraphrasing a sentiment expressed by the Sardanapalus of Byron :

“ The goblet I reserve for hours of sickness and of rest;
I work on water.”

Intemperance in eating is even more prevalent than intemperance in drinking, because eating is the universal necessity, while the drinking of strong drinks may at times be dispensed with. But, from the child in the cradle to the man in his dotage, the tendency is to feed neither wisely nor too well. The mother will persist in feeding her child that which the stomach constantly rejects, or which, if retained, produces colic or constipation. The full-grown man will satisfy a depraved appetite for unwholesome and indigestible food knowing that it will disagree, but excusing himself upon the ground that he likes it.

Cornaro, the celebrated Italian, whose longevity has long been the wonder and admiration of the world, secured for himself long life, peace, comfort, contentment and happiness by eating only such food as absolutely and certainly agreed with him, on all occasions. He made experiments, and then lived according to his best experience.

Plain and simple food insures physical health and peace of mind ; yet the vile and vicious tendency of humanity is to shun plain and simple food, and to greedily gorge everything that is rich, indigestible and fermentaceous, simply because it pleases the palate and tickles the appetite of the obstinate and conceited eater.

Intemperance in eating not only produces a disordered stomach, but a dyspeptic and pessimistic mind. Inordinate eating produces not only congestions of the liver, and the bowels, and the kidneys, but it produces, as a result of interference with the normal action of these central and vital organs, an irascible temper, a spasmodic tendency to swear, and it leads likewise to an evolution of all the evil passions which can possibly be cherished in the soul of man. The cultivation of these evil passions leads to a loss of self-control, and to maniacal outbursts. Nothing more quickly burns up the naturally serene mentality of a might-be-fortunate individual than these volcanic eruptions of vile and ungoverned tempers — the result of a clogging of the portal circulation with the distressing driftwood of gluttony.

In a large majority of the cases of insanity which have come under our observation, we have found the sand of worry in the bearings, and an exemplification of gross intemperance in eating, in drinking, and in thought, speech and action; and all these worries and intemperances have led directly and surely to the loss of self-control, and to the development of the strangest and most incongruous delusions and hallucinations.

Another fruitful source of youthful insanity is the strange and ungoverned intemperance which we see almost every day in the care and use of the reproductive organs. The married and the single alike are sometimes guilty of such unwise and unwarrantable use of their God-given powers in this direction as lead most certainly to imbecility at the outset, and to fixed insanities of an incurable type in the later stages of this form of intemperance.

Nowhere are the effects of intemperance more certainly disclosed than in these channels of perverted and abused function; and probably no form of intemperance is so marvelously injurious to the individual in body, in mind and in soul.

The sexual pervert is rarely converted from the error of his ways. Attempts at reform result in temporary repressions, followed by renewed and more deplorable volcanic ebullitions. Restraint can not cure; nor gratification do more than to temporarily alleviate. But the cultivation of a sensible philosophy and the direction, by a decisive will, of all the physical and mental powers away from the most strangely seductive of all tenden-

cies, is a method which offers the largest possible sum of relief.

We have spoken of intemperance in eating, in drinking and in other excesses. We might speak with equal force upon the intemperance of repression where, by the influence of false teachings, or impious creeds, or unhealthy and distorted views of life, the individual has felt himself impelled to avoid and shun the use of the various powers which have been given to him for active exercise and proper toils by the infinite and all-wise Creator of every living thing.

It seems to me that the most unsalutary and intemperate repressions of the normal activities may be found among human beings rather than among the lower animals, which latter are supposed to be guided by instinct, unaided by reason or good judgment. The higher and more complicated the powers, the more marked and strange seem the perversions of their use. The more complicated the machinery of a given invention, the more likely it is to get out of order. If the famous clock at Strassburg becomes disordered in any particular, its action will then appear to be far more erratic and kaleidoscopic than would the action of a broken wheel-barrow. Hence it is, I suppose, that when the physical, mental and moral forces of man depart from their normal courses they wobble more than do the forces of a tad-pole with a disjointed tail.

Not only should intemperance in eating and drinking be dispensed with by a wise exercise of the reason, the judgment and the will of the individual, but likewise intemperance in the use of the pro-creative powers should be avoided, and all use of the generative organs should be shunned until full maturity, and then only for natural and heaven-ordained purposes. Maturity and strength having been reached, then a legitimate and natural use, without abuse, should be sought for and gained according to the mellifluous teachings of monogamy.

Intemperance in ambition for wealth, fame and power is oftentimes a soul-destroying excess; and it should be avoided, as it "leads but to the grave," or, what is worse, to the reception halls of a lunatic asylum. It is better to be lazy than insane.

Use, energetic use, without strain or anxiety, of all the powers

of mind and soul and body, is the acme of human existence, and the triumph of successful living.

Overuse is to be scrupulously avoided, if impending dangers would be averted.

Repression of God-given powers is to be shunned because without use there can be no development, no growth and no progress, and because the long-continued repression of natural powers is just as dangerous to the man as the closing of a safety valve is dangerous to a boiler when the pressure of steam has passed the safety limit, and is increasing constantly within in expansive and irresistible force. But while an unfortunate repression is to be avoided, we should remember also that there are wise and safe usages for every power. We should seek to develop those powers which are highest and best and most profitable, and thus exhaust all surplus steam, while, at the same time, that which is base and unhealthy may be successfully repressed.

We should seek in working out the problem of life, while exercising every legitimate and proper and natural power, to restrain and bridle the villainy of the tongue, and to hold in check the appetites which tend to injure and destroy. We should also strive to preserve that happy and noble equilibrium in life which tends always to a serene continuance of our various forces, and which aid us most surely in the accomplishment of the highest good, and the dispensation to others of the truest and most permanent happiness.

When temperance is attained, and the effects of unwise intemperance in all directions have been removed, then may we look for the dawning of that beautiful age of which sages of old speculated, and philosophers have written, and poets have dreamed; when every hillside shall smile with plenty, and joy's musical echoes shall fill every vale, and peace that conceals no silent warrings with poverty, ignorance, vice or disease shall wrap the world in its seraphic folds.

In association with Dr. Kinney, we have presented the various phases and effects of worry and intemperance. We shall now proceed to depict the influences of these subtle causes in the production of insanity. To this end we shall endeavor to describe,

as briefly as possible, the approaches and symptoms and terminations of general paresis, and, most important of all, we shall strive to suggest effective means for the avoidance of this most distressing and most fatal form of insanity. We shall not only speak of the means for preventing paresis, but also the measures which may be adopted, through rest and diet, for the prolongation of the lives of those thus afflicted, and for the relief of the most active and distressing symptoms which oftentimes present themselves.

*GENERAL PARESIS.

This formidable and fatal disease is a cosmopolitan type of all modern insanity, and represents to the fullest degree the effects of both worry and intemperance in every shade and form.

It is known under various names, the most common of which are: General paresis, general paralysis, general progressive paralysis, general paralysis of the insane, mania de grandeur and dementia paralytica, or paralytic dementia. The latter term might more appropriately be applied either to the last stage of this general disease or to a condition of both mental and physical loss following apoplexy, embolism or thrombosis.

My object in presenting a brief description of general paresis is to lead thoughtful people to its early discovery, and hence to a more probable relief or cure.

And again, a narration of the causes and the fatalities of this disease may warn many who are drifting into impending mental disorder to avoid, by vigilant effort and by proper living, the dangers which would otherwise await them. Every report of cause and effect should be distributed among the masses, for the purpose of exciting discussions which may lead to a larger knowledge and a better understanding of disease, and also aid in the development of plans for the prevention of hopeless and incurable pathological conditions.

* Rewritten from an essay by Dr. Talcott, published in 1880.

What epilepsy and masturbatic insanity are among the young; what hysteria, in all its Protean forms, is among females, that is general paresis among the robust, but overworked, or over-worried, or overdissipated men of early prime or middle-aged. I mean by this statement that it is a deep-seated, far-reaching, intractable scourge which fastens its malignant fangs upon the recently matured brains of its victims, and unlike any of the serious diseases just mentioned, it never, according to general history, yields up its hold.

General paresis was first clearly and fully described by a French physician named Calmeil, in the year 1826. Others had previously essayed to describe it, but not as fully and as clearly as the author we have mentioned.

Much has been written upon general paresis since its first discovery. Possibly the fullest and most notable work upon general paralysis of the insane is by William Julius Mickle, M.D., M.R.C.P., London.

But while doctors have studied the disease very fully, and while they have written much upon this subject, it is probable that no one has more concisely described the disorder and its termination than the late William Shakespeare. Nearly three centuries ago, this great Polychrest of thinkers and observers, in his *Troilus and Cressida*, Act II, Scene III, wrote concerning the then undiscovered paretics:

“Things small as nothing, for request’s sake only
He makes important; possessed he is with greatness,
And speaks not to himself, but with a pride
That quarrels at self-breadth. Imagin’d worth
Holds in his blood such swell’n and hot disease,
That, ’twixt his mental and his active parts,
Kingdom’d Achilles in promotion rages,
And batters down himself. What should I say?
He is so plaguy proud that the death tokens of it
Cry: ‘No recovery.’”

We have presented this quotation from the Bard of Avon in a previous report, but it seems appropriate to refer to it again as

an illustration of the universal versatility of the greatest human observer and author.

In diagnosing paresis in a plain and unpoetical way, and in such a manner as to be, we hope, understandable to the people, we shall endeavor to portray its various phases after the fashion of that allegorical picture which leads us on through the erratic ways of infancy and adolescence up to a towering and ambitious prime, and down at last into the abruptly terminating valley of old age.

We shall divide paresis into four stages, as follows:

(1.) The incipient or irritable stage—the stage of worry, anxiety, sleeplessness and melancholy.

(2.) The well-defined stage of the disease—a stage of maniacal excitement, and of active delusions of wealth, of power, and of grandeur.

(3.) The stage of subsidence, when the patient passes into a condition of subacute or chronic mania, with occasional flashes of excitement or periods of depression, and a general but slow tendency towards decadence.

(4.) The stage of positive dementia, of physical as well as mental failure, and of death.

The first stage is usually marked by a long-continued and suspicious prodrome. The man who has been active, jolly and hopeful in appearance, yet withal concealing an undercurrent of worry and anxiety, becomes at last unable, through the effects of subtle disease, to carry on the processes of concealment which have been characteristic with him during his active, working existence.

The victim of general paresis in the early stages is preoccupied in his thoughts, and this condition of mental abstraction is often observed by his friends when they do not understand the cause of it, or comprehend the approach of serious disease.

The prospective victim of paresis worries more than is his natural custom, and gradually his sleep is shortened and disturbed

by anxious and unnatural dreams. This tendency to sleeplessness and anxiety may be accompanied with a sense of fullness and heaviness in the brain, and this frequently extends to the degree of positive and continued pain, although some paretics assert that they have never suffered with headache. Still, the brain changes, which are discovered after death, would indicate that the pains of slow, subacute inflammation have been experienced, even if not noticed by the disturbed or disordered mind.

The paretic patient in the first stage very often, we might say commonly, experiences the most profound melancholy, but it is not always revealed nor expressed, because the patient is usually of such a hopeful and jovial nature and disposition, and so proud withal, that he does not like to obtrude his mental depression upon the notice of others. Hence, he oftentimes successfully conceals this melancholic state, and appears outwardly happy when within he is the prey of ravenous wolves that steal upon him from the darkest corners of the slough of despond.

From concealed melancholy, anxiety and worriment the patient passes through the heaviness of mental abstraction until he so far loses his self-control as to indulge in some unusual and unexpected and uncalled for ebullitions of anger. Under these circumstances he will speak with unwonted harshness and without provocation to those he loves most, or to those who are endeavoring to make to him some friendly or affectionate offer of assistance while as yet but partially understanding his imperative needs.

While the patient is in this uncertain and restless and abstracted and easily disturbed mood, he will often pass unheeded the friendly and customary salutations of his friends, not because he has in reality any disposition to be rude, but because in his mind he is eagerly pursuing some train of thought which precludes all consideration of the social demands of others.

The melancholic, abstracted or irritable stage is passed in a few weeks or months, or possibly this condition may last two or three years before the final upheaval of maniacal excitement.

But even in the melancholic state, it will often be discovered that the parietic is more earnestly engaged in discussing and projecting business enterprises larger than any he had ever coped with before. In this state of mind he will spread his financial canvas to its fullest capabilities, even though the threatening storm of another Black Friday is imminently impending. In this particular, under the influence of approaching disease, he distinguishes his pathological self from his former self; and when carefully watched under these circumstances it will be discovered that he has lost all his ordinary prudence in the management of the affairs of life.

While in this incipient and irritable stage, and before the disease is clearly manifested, the principle of *meum et tuum* is apparently forgotten. A knowledge of right and wrong seems also to have faded from the memory, and the patient may steal without purpose, thinking everything he touches is his own; or he may wreck a bank without a qualm of conscience, his normal sensitiveness being utterly demented. There are, of course, some bank-wreckers whose fiendish work springs from an original, undiseased, basic and base impulse. But these have no symptoms or excuse of parietic disease. The victim of general paresis will also lie without purpose during the incipient stage, and without his usual cunning in the exercise of that art.

The blunting of the clear perceptions of justice and truth is often the first evidence of approaching general paralysis. This loss of the finer moral sense is sometimes reckoned as simply another exemplification of the doctrine of total depravity, or an apparent evidence that the man is a gross sinner, and would have sinned at an earlier period of life if he had found what he conceived to be the golden opportunity. But honest men are transformed by paresis, and the sins of disease should be forgiven much more readily than the sins of natural depravity.

Having passed through the stage of worry, anxiety, depression and loss of the moral sense, and having become a practical

imbecile in honesty, uprightness and good judgment, the typical paretic patient finally develops his full-grown delusions of wealth and grandeur. At this juncture the paretic informs his friends that he is perfecting plans, or engaging in speculations which will, in a short time, insure for him an independent and boundless fortune. The work in hand occupies his mind day and night; so much so that he begins to lose interest in the social and domestic affairs of life.

At this opening chapter of the second stage, the natural affections of the man and his love for his friends seem to fail or pass into a condition of unrecoverable desuetude. The moral sense having departed, and his natural affections having been lost, the paretic indulges, without let or hindrance or consideration for himself or others, in the wild and extravagant purchase of unnecessary articles, or in the concoction of gigantic, incomprehensible and unwarrantable business schemes. While the paretic is plunging about in this vortex or maelstrom of scheming enterprise, he feels himself remarkably strong and well in body, and buoyant in spirits. If he stops now to greet a neighbor, it is with a beaming brow, and with more than usual warmth; he tells you that he feels "first rate," and presses your hand with great apparent ardor, but with a soft, clumsy shake, and an uncertain grasp. As his mind reaches out to immense prospective wealth, his hand loses its cunning, and fails to hold steadily even the smallest object.

Instead of carrying on a connected conversation with his friends, the paretic patient in this active stage abruptly tells whoever he may meet that he must send a telegram, or catch a train, or write a letter, or do something else of importance in a great and electric hurry. He leaves his friends so suddenly that they feel somewhat puzzled, as his manner has been different from the usual, even though he may have always been an active and energetic business man.

When the patient arrives in the second stage of paresis, and begins to display without self-control the active and exalted condition of a diseased mind, then his friends may realize the fact that he is sick, and needs the care of a physician. The physician who is called to see an active paretic in the maniacal stage will probably discover some of the following indications:

(1.) The pupils are either unequally dilated (one being much larger than the other, or one being very much contracted), or the pupils may be equally dilated, but in almost all cases they are irresponsive to light. Irresponsiveness to light on the part of the pupils is characteristic in nearly every case of general paresis.

(2.) The patient is unable to control the motion of the eye, owing to a failure on the part of the motor oculi. There is a certain restlessness and unsteadiness in moving the eye which to the careful observer is quite discernible. There are, of course, many persons who suffer with eye twitchings, but who are not to be considered paretics. Such cases may be suffering with chorea, or with paralysis agitans, or some other spasmodic nerve disorder. But the restlessness of the eyes of the paretic is to be found in connection with many other symptoms in his case.

(3.) A drooping of one corner of the mouth is frequently observable, especially in the latter part of the second, or first part of the third stages. This is owing to a partial or incomplete paralysis of the facial nerve.

(4.) There is a marked tremulousness of the lips and tongue while speaking in almost every case of paresis. This is one of the most prominent and easily perceived symptoms in the whole train of those which characterize the disease. This tremulousness simulates the tremulousness of acute alcoholism; hence a diagnosis between the two general conditions may be necessary in some instances. A very sensitive and excitable person may also, under stress of active emotion, present tremulousness of the lips and tongue, together with capillary congestions of the face, which to

an untrained observer might be mistaken for paresis ; but a very brief study of the history of the case will lead one to ascertain correctly the cause of temporary tremors — the result of mental excitement, and not of brain disease. The tremulousness of the paretic is most apparent when the patient attempts to speak rapidly, or when attempting to protrude the tongue.

(5.) A slight hesitancy of speech is apparent, as well as a deliberate attempt to overcome an inability to articulate distinctly. This hesitancy in speech is similar to that exhibited by a half-drunken man who is attempting carefully to conceal his inebriety from his wife when he returns home at 2 o'clock in the morning.

(6.) There is a tendency to stammering, especially when the patient attempts to use words which are well interlarded with the letters *k*, *l*, *m*, *n*, *r* and *e*. This is probably due to the fact that the hypoglossal nerve is especially involved in the progressive paralysis.

(7.) There is a slight unsteadiness of the gait, not so marked as that of locomotor ataxia, but there is, contrary to the custom of health, a shambling, uncertain step, as if the knees were tired, and the owner could with difficulty determine which way to bend them.

(8.) There is a smoothing out or partial obliteration of the lines of expression in the face.

(9.) The skin presents a sallow and wax-like appearance. It has also oftentimes a feeling as if it were greasy. Sometimes the skin is dry, but its more frequent characteristic is greasiness and flabbiness.

(10.) A slight exaltation of temperature. This is often noticed when the patient is quiet and undisturbed by any unusual circumstance. This general rise in temperature varies from one-half degree to two degrees. During periods of maniacal excitement, and during apoplectiform or epileptiform seizures the temperature may rise considerably higher.

We have presented some of the most important and readily distinguished physical signs of paresis in its actively developed stage. Mentally, those already described become intensified. Visions of wealth, before which the marvels of Aladdin's lamp appear insignificant, are conjured up by the overwrought imagination of the excited patient. A sense of power the most magnificent pervades his every thought. He is a maker of worlds, a creator of new planets, an artisan of whole systems, a builder of immense and marvelous structures, a projector of interminable railroads located hundreds of feet in the air, a manufacturer and dealer in the fabrics of nations, a constructor and filler of balloons that will make a circuit of the earth in two or three hours, and in every one of his delusive enterprises the paretic patient believes, with Col. Sellers, that there are "millions in it." (Women paretics have delusions about gold and diamonds, rich clothing and numerous children, fine houses and grand equipages. These are simply exaggerations of the normal dreams of the feminine mind.)

These expansive delusions are contrary to the natural and ordinary belief of the patient; for generally the victims of paresis are plain, hard-working, common-sense individuals, and, even though aspiring and ambitious, were previous to illness noted for thrift and good judgment.

Under the wearing and overmastering influence of these lofty and mighty projects, the paretic patient loses the power of considering the common every-day affairs of life. He forgets the most familiar names, even his own; he fails to remember the most recent dates of appointments, or for fulfilling obligations; he also loses the power of calculating, even to the simplest problem in addition or multiplication. His delusions multiply and reduplicate fortunes in geometrical order, while the forces of the mind as applied to common things diminish in arithmetical ratio.

In some cases the physical symptoms of paresis are present, and

the patient passes from a stage of melancholy to a state of dementia without being called upon to endure the excitement occasioned by the cherishing of delusions of wealth and grandeur.

Some paretic patients make little account of immense fortunes, but in their expansive fancies they imagine themselves the possessors of numberless wives, or they see themselves pursued by countless enemies, or they think themselves able to drink innumerable flagons of wine. But whether the current of thought is toward strong drink, or seductive sirens, or Croesus-like wealth, it is a current that is forever widening and deepening until it casts its pathological incubus into the boundless sea of eternity.

From the stage of active delusion and active exertion the patient passes slowly but surely into what may be termed the chronic state of paralysis, which is marked by a steady exaggeration of all the physical indications, and a gradual subsidence of the delusions which have been cherished. The unsteadiness of gait becomes more and more pronounced; the tremulousness of lips and tongue and the hesitancy of speech become strikingly apparent; the face assumes an expressionless contour; the patient is careless of dress and person, and in manner, speech and action we see a marked decadence of physical and mental powers. Sometimes the appetite in this stage is enormous, and the patient takes on unwieldy loads of cumbersome and flabby fat. This is puffy and unstable, and soon wastes away under very moderate exercise.

During the chronic stage, the delusions are gradually obliterated, owing to an inability of the mind to conjure up any longer the golden visions of wealth and power. The sluggish march of the disease in this stage is at last interrupted by an episode of epileptiform convulsions, at which time partial and temporary paralysis of one or both sides may occur. After an attack of these convulsions the patient loses ground more rapidly. The mind fails, and the condition of dementia supervenes.

The appetite becomes variable and capricious; the physical strength wanes, the body emaciates, the nerves atrophy, and the whole structure degenerates before the merciless invasions of this fell disorder. The skin, which has been flabby, sticky, clammy, is now apt to break out in eruptions known as pemphigus foliaceus. At first these large watery blebs are noticed on the extremities; afterwards there is superficial ulceration of the derma, followed by scabbing and attempts at healing. These sores heal but slowly, if at all. The patient grows gradually weaker, and is obliged to take to his bed. While rest in bed, with an appropriate, light, liquid and unstimulating diet, seems to have the effect of prolonging life, yet the hoped-for cure is not attained.

The paretic patient who is tenderly and thoroughly cared for will often cling to life for weeks, and months, and years after the thread of existence has been eaten away to the last frail fiber, which fiber, however, remains for some inscrutable reason uncut by a dilatory Atropos. Nothing remains but to perform, for weary days and nights, the sad and hopeless task of protecting from utter ruin the stranded and hopeless wreck.

It is one of the most remarkable features of this strange disease that the patient can continue to live long after all the forces of life appear to be exhausted, and when little remains but the skeleton, overlaid by a parchment-like and very ragged skin. Of course we are now describing an extreme case, though many of this kind have come under our observation and care during the past fifteen years. Relief from life comes at last though utter exhaustion. Sometimes, for several hours previous to dissolution, the patient becomes unconscious, and thus passes away. With others consciousness remains until very near the end, and with the last articulate breath of conscious life the dying man, corrugating his countenance into a ghastly smile, will reply to your inquiries as to how he feels to-day with the stock expression, "fuss rate."

Several varieties of general paresis have been noted. Some cases are maniacal most of the time throughout the disease; some are demented and apparently without delusions; and some are almost continuously melancholic. But the majority of cases exemplify all the forms of insanity, and experience every possible phase of mental aberration.

Many cases of paresis alternate in the expression of mania and melancholia. It is a singular fact that, from the loftiest exaltation of earthly grandeur and delusive achievement, the paretic patient falls from time to time into the gloomy abyss of melancholia. He may rise repeatedly to rosiest peaks of blissful and self-cheating aggrandisement, but he falls again into the slough of sadness at the slightest approach of danger to his balloon-like aspirations. This condition of despair, following extreme joy, is most distressing to the beholder. To listen to the pitiful wailings of a soul thus cast down is as sad and touching as it is to hear the mournful strains of the Death March in Saul after having been exalted in spirit by the sublime sweeps and surges of the Hallelujah Chorus.

We have given a brief description of general paresis, because it is a form of insanity which attacks the young, the strong, the vigorous, the active, the enterprising, the enthusiastic, and the hopeful; and because we believe that by the adoption of a proper method of living such men and women might avoid those fatal steps which lead most surely to a bottomless pathological pit.

No other form of insanity so completely typifies all phases and forms of mental aberration. It combines in itself all other varieties, and it exceeds all other insanities in its powers of destruction.

We come, therefore, naturally, after describing a few of the leading symptoms of the disease, to consider the causes which produce it.

A nervo-sanguine temperament, great physical activity, vaulting ambition, a desire to attain and enjoy in their fullest

abundance all of the good things in life, coupled with intense anxiety and worry lest the object in view may not be gained, or if gained will become unsatisfactory — these are the substrata of conditions upon which the superstructure of general paresis almost inevitably rests.

A roistering but hearty selfishness is characteristic of the genuine paretic. The victims of this disease have, with practical unanimity, violated that safe and moderate principle of living, laid down by St. Paul in the following words: "I have learned in whatsoever state I am, therewith to be content." And yet it is by means of selfish yet active ambition that human progress is made, and the loftiest of human achievements are attained. Those qualities which are most dangerous to health are likewise qualities which, when properly directed, become potent in the development of those vast resources which are hidden away in the secret chambers of nature, but which may be found and utilized by those who are brave enough to be prodigal in the expenditure of life forces.

The paretic is an adventurer, an explorer, a discoverer, a suggester of new means for the acquirement of wealth, a diviner with a magic wand of imagination that conjures up golden Golcondas in every business scheme or manufacturing enterprise.

Some of the most brilliant toilers and workers for the growth of this great, new land have finally succumbed to the influence of paresis. Some of the brainiest of actors, and wittiest of writers, and most zealous of politicians have yielded to this dire disease. And the cause lies in a hyper-stimulation of the brain and nervous system by such means as hard work, coupled with hard drinking, excessive sexual indulgence, and an all-absorbing worry about every undertaking, whether it be in the world of business or in the field of pleasure. There are comparatively few cases where overwork and overworry, coupled with untimely and too free association with wine and women, do not figure largely as

exciting causes of general paresis. Some European authors and observers have claimed that every case of paresis is tainted with syphilis. While it is true that paretics are very likely to be exposed to the effects of syphilitic infection, it is not, we believe, either the universal cause, or the invariable accompaniment of paresis. While syphilis may have a disintegrating and life-shortening effect in numerous instances, it has also a conservative effect in changing the tendencies of consumption and cancer, and by such strange and apparently incongruous methods nature heads off the destructive effect of one disease by inoculation with another which attacks a new and hitherto healthy portion of the human organism.

Again, thousands of victims of the syphilitic taint pass away by their self-induced diseases, and without enjoying the distinction of having acquired paresis.

Still further, many paretic patients have been unpromiscuous in their sexual habits, and have never been exposed to the dangers of syphilis, and yet by overtaxation of their physical and mental powers; by worry, anxiety, excitement, the strain of business, and the exhaustion of too frequent and too protracted sexual intercourse with their legitimate companions, they have acquired the disease in question without combining it with any other. Many cases of paresis are nervo-sanguine in temperament, and inclined to phthisis. They are, however, switched off, so to speak, from a natural and well-worn trunk line to the by and devious way that leads to brain disaster. Thus, instead of following the direct ancestral track to the hopeless slough of consumption, they roll on serenely over the slippery rails of worry and overwork and dissipation until they plunge into the engulfing quicksands of general paresis.

I think we may safely assert that intemperance of some form, but generally all forms (excess in thought, speech, action and effort), and long-continued, though possibly concealed worry, are

the actual and inevitable causes of general paresis. Occasionally a sunstroke, or a severe blow upon the head, received months or years before the attack, will come out so prominently in the history as to leave little room for doubt that these accidents have played a part in this ruinous tragedy. Hereditary predisposition may also be regarded by some as one of the causes of paresis, yet this supposition has but slight basis of fact in our experience and observation.

Imperfect education in the use of one's mental and physical powers has doubtless much to do with the development of paresis. Its victims are usually from the middle and lower classes, where development is rapid, and sometimes successful, but frequently uncertain and erratic. A young man, with rollicking and hopeful disposition, will enter upon the toils and feasting of life without exercising much reason or judgment, and without restraining himself by means of a strong and well-toned will. Full of health and hope, he does not realize the fact that there is a possibility of breaking down when he works like a slave all day, and enjoys festivities like a Satyr and an Epicure all night. Such young men usually break loose from home, and from training, and from wise advice of elders at a very early period, and they branch out for themselves with a confidence that is begotten of healthy blood, and too much of it.

In considering the causation of paresis we note the influence of sex, and find that there are about five male paretics to one female paretic. This is a natural result, because women are less likely to overstrain themselves in the active pursuits of life, and are more readily content with the moderate comforts of a simple home. Women are not as likely to seek to become millionaires as men are, except through the attractive avenue of marriage.

Paretics are more numerous in cities than in the country. This is due, probably, to the fact that the young, strong and

ambitious aspirants for wealth and fame are drawn toward the superior attractions and broader opportunities of great cities. Those who would escape from the possible dangers of paresis should live in the country, in a quiet and retired and unambitious way, and they should avoid high living and overexertion of every kind; and this brings us to two important causes of paretic degeneration—namely, the eating of meat, and the drinking of coffee.

In the history of most paretics you find that they have been radically large eaters of rich meats, and heavy drinkers of strong coffee. Such food and drink has enabled them to work hard and endure much; but the final result of this overconsumption has been a burned boiler on wobbling wheels.

In connection with overeating, and overdrinking, and overworking, and overworrying, we may note as a cause of paresis the effects of tobacco. This narcotic drug is most relaxing to the nervous system, especially when it is consumed by the young and the immature; and while its ordinary effects may be noted most readily by an examination of the heart and stomach, yet the brain, too, is often involved in the prostrating relaxations that occur when the fascinating discovery of Sir Walter Raleigh is overused.

General paresis usually occurs between the ages of 25 and 50, but Dr. Clouston tells of a case which developed at the age of 16, and Dr. Guislain reports one at the age of 17. Occasionally this disease may develop in old age, but the insanity of that period of life usually takes on the form of senile dementia, with its many colored vagaries.

The pathology of paresis has formed an interesting study for many years. A *post mortem* examination of the paretic brain has sometimes disclosed but little apparent change in the brain tissues. At any rate, the changes observed do not seem commensurate with the tremendous mental excitement, and the sub-

sequent obliteration of mental thought and activity, experienced by the patient when living. At the same time, the evidence of long-continued, even though apparently mild inflammations, are revealed when a careful examination of the paretic brain is made. The inflammations of paresis seem to involve in a general way those portions of the cerebral membranes which cover the frontal and parietal lobes. This inflammation of the meninges is of that variety which produces not only thickening of the membrane, but adhesions of the *pia mater* to the brain cortex. This adhesive tendency would make it appear that inflammation and healing had alternated, rythmically, during the entire progress of the disease. It is probable that excitement and toil and worry produced the inflammation at the outset, and during every period of rest, attained through short and vicarious vacations, nature's process of repair was set up or attempted. But the paretic patient is never contented to take long rests, but postpones this useless waste of time until renewed inflammation overcomes all possibility of repair.

Under the influence of the inflammation, and the thickening of the membranes, the brain mass becomes compressed, and we have a condition of atrophy of the nerve cells during the latter stage of the disease. It has seemed to me, also, that there has occurred, in many cases, an hypertrophic metamorphosis of the neuroglia mass—the network mass of cellular tissue which upholds and keeps in place the nerve cells and the nerve fibers in the cerebrum. When this occurs there is pressure not only from above downward, through the influence of thickened circumambient membranes, but from below upwards, and from within outwards, thus placing the nerve cells, and the nerve wires of communication from the brain to the various parts of the body, between what may be termed upper and nether pathological millstones. Under these circumstances there is little wonder that the victim of general paresis passes slowly but surely into the unrelenting maw of incurability.

Calmeil, who first described this disease, pronounced it "diffuse peri-encephalitis." He also named it "general cortical cerebritis." Myer gave it the name of "chronic meningitis," Bayle styled it "chronic arachnitis," Erlenmeyer pronounced it "cerebral atrophy," and Westphal "chronic myelitis," from the belief which he entertained that the spinal cord was the primary seat of trouble. His belief may be correct in some cases. Sometimes the course of disease in paresis seems to ascend from the spinal cord to the brain, and again it descends from the brain mass to the spinal cord.

The terms used by various writers have, as a rule, but partly covered the actual pathological conditions. We might, therefore, declare this disease to be "meningo-peri-encephalitis, with hypertrophy of the membranes and the neuroglia, and with atrophy of nerve cells and nerve fibers." This compound term covers, perhaps more fully than any hitherto used expression, the pathological conditions of general paresis.

In this disease the *pia mater* is often adherent to the brain in spots (upon the upper parts of the convolutions), and when peeled off it takes with it small, fine portions of the cerebral substance. These adhesions are most commonly found upon the anterior and middle lobes. The arachnoid membrane sometimes becomes opaque, and has small flaky deposits together with serous effusions. The dura mater is commonly thickened and gorged with blood, and it presents a loose, leathery fibered appearance in contradistinction to the fine and closely woven appearance of health. Occasionally tumors of a gummatous nature are found in the brains of paretics. In general, we may state that the cerebral mass becomes atrophied and sclerotic in those portions hitherto used as the seats of intellectual and emotional activity, while the surrounding parts are œdematous and chilblained.

Under the influence of paresis, the great nerve tracks of the body become atrophied, and consequently lose their customary

power for active exercise. The lungs are generally sound, but there is shallow respiration. The heart is weak and uncertain in its action. The kidneys are sometimes degenerated, and symptoms of chronic Bright's disease present themselves.

The prognosis in this disease is unfavorable, although one thing has been accomplished during the past few years, and that is: The paretic's life can be much prolonged by proper care and diet. Formerly the life of the paretic was from six months to two or three years. Now we may say that paresis extends indefinitely. A person having paresis may live from one to eight or ten or more years after the inception of the disease. Dr. Clouston, of the Morningside Asylum near Edinburgh, tells of a case that has been under his observation, and manifesting marked paretic symptoms, for over twenty-two years.

We shall speak now of the treatment of paresis, and outline in brief the means for preventing its increase among the people.

The treatment of paresis should be hygienic, dietetic and medical. While we can not with confidence anticipate recovery, or hope for a cure, we may at least prolong and render endurable an otherwise wretched life; and in some instances we may succeed in restoring the patient for a time to his friends in such a state of remission from the disease that the delusion of recovery is cherished by the friends for a season.

During the past fifteen years we have made numerous experiments in the care and treatment of general paresis. We have come to the conclusion that a paretic patient must be handled with as much care as that bestowed upon an apple which seems fair and sound upon the surface, but is in reality rotten at the core. The less such an apple is handled or bruised, the longer it will preserve its fair exterior; and the less a paretic is exercised, and changed, and hustled about by the friends, and tampered with by electricity or muscular manipulation, the longer he will last, and the less suffering he will experience.

Paretic patients should be secluded from every care and toil. During remissions they may exercise very gently, but they should be kept in bed whenever they have reached the weak and tottering stage. They should not be allowed to associate with other excited patients, or run any risk of getting bruised or tumbled about.

The beds for paretic patients should be soft, elastic and comfortable in every particular, to avoid, as far as possible, the danger of bed sores. The patient's skin should be kept clean and firm by the use of alcohol baths, applied with a sponge, about once in forty-eight hours, and wherever pressure occurs the skin should be oiled once or twice a day with cocoanut oil, gently but carefully rubbed in. By a judicious use of oil, and alcohol and water, and by the use of proper beds and scrupulous nursing, the paretic patient will avoid, as far as possible, the distressing annoyance of that *bete noire* of the hospital—namely, a bed sore. If, in spite of every precaution, a bed sore should occur, then it may be cleansed with calendula, diluted with water—3 to 100—and packed with bichloride of mercury—1 to 5000; and should the process of suppuration make deep inroads, then peroxide of hydrogen will cleanse and help to heal all the by-ways where pus is inclined to form and pocket.

The diet of the paretic should consist largely of liquid food, hot milk being the staple article, although beef tea, chicken and mutton broth, the juice of clams and oysters, and various other broths and soups may be allowed. While the patient is in an active and fairly tense state, he may eat plenty of grain and vegetable foods, and also fruits; but meat should be dispensed with almost entirely, and when the demented stage arrives, and there is danger of pharyngeal paralysis, solids should be avoided, or fed to the patient with the greatest caution.

By means of rest in bed, and a suitable diet, and proper care, the paretic patient may readily live in comparative comfort for

six or seven years. If, however, it seems desirable to the friends that he should not live so long, then the best means for terminating life without appearing to do anything wrong is to compel the patient to be up and dressed, and taking as active exercise as possible every day.

Whether the patient is in bed, or up and dressed, he should be afforded an abundance of fresh air, and of balmy sunshine. He should especially be protected from severe draughts of cold air, as the skin is apt to be flabby, and moist with a sticky perspiration, and consequently he may easily take cold. On the other hand, he should be protected from the rays of a hot sun, because excessive heat is extremely prostrating and injurious to the average paretic patient. An even temperature of about sixty-eight or seventy degrees should be maintained for this class of patients as far as practicable.

Among the remedies which have been useful in allaying excitement, in relieving suffering, and in postponing death, and in some instances in effecting a happy remission of the disease, we find the following:

Actea Racemosa. (Cimicifuga; the alkaloid is Macrotin.)—This drug is indicated when the patient is weak, and exceedingly tremulous throughout the entire body. The mind is depressed, and the patient feels that he is shrouded in a dark, heavy and hopeless atmosphere.

Alcohol.—Alcohol is useful to the paretic, in very small quantities, when the patient appears to be in a thoroughly drunken and besotted condition — this condition being the result of disease, and not of immediate and active dissipation.

Arsenicum.—Patients who may be relieved by arsenicum are anxious, apprehensive, and exceedingly restless. They have intense and frequent thirst, but small quantities of water quickly relieve. The arsenicum patient suffers with rapid emaciation, and sleeplessness. The skin is pale and waxy, and there is a tendency to pick the face, or mutilate, in a thoughtless and indefinite manner, the surface of the body.

Belladonna.—The Belladonna patient is fierce and pugnacious; wants to fight and strike all the time. At the same time, he cherishes delusions of wealth and power. Owing to the excitable state of the mind, the patient's face is flushed, and the pupils are largely dilated.

Cannabis Indica.—The proving of this drug reveals the fact that the prover has a hyperstimulated imagination. He sees marvelous visions of a kaleidoscopic character. In spite of the fact that the Cannabis Indica patient revels in the glories of sight and sound, he feels impressed by the idea that time hangs heavily upon his hands, and that each hour is a year or more.

Coca Erythroxylon.—The Coca patient has, under the influence of the drug, a sense of strength that far outstrips the physical fact. This Coca patient is in reality weak and nervous, but insensible to fatigue or hunger.

Hyoscyamus.—This drug produces a mental condition that is known as "jolly delirium." The prover, under the influence of Hyoscyamus, is facile and contented, and easily pleased with everything about him, for the most part. He laughs and jokes almost incessantly; sometimes he becomes thoroughly cross and suspicious, and he may be obscene and jealous.

Ignatia.—This remedy is indicated where there is a continued depression of mind, with inclination to mourn and brood over the past, while he also cherishes dark apprehensions relative to the future. The Ignatia patient not only broods and mourns, but likewise has attacks of physical restlessness, when he wrings his hands and trembles a good deal.

Mercury.—Mercury in its various forms may be used with good effect in the treatment of paresis. It is indicated when there is a generally heavy and soggy condition of the system; the patient is inclined to be filthy in body, and is groveling mentally, and inclined to rambling incoherence, or apathetic dementia.

Nux Vomica.—This drug produces in the mind a morose and irritable condition. Physically, the bowels are inactive, the tongue is pasty and coated; the patient is very suspicious, and inclined to be ugly and treacherous in disposition.

Stramonium.—This remedy may be found of service when the patient is greatly agitated, and extremely fearful of everything

that he sees or hears. He has the horrors, so to speak, and thinks that he is to be attacked by all kinds of terrible animals. Stramonium, as a remedy, is adapted to the relief of those maniacal attacks which sometimes appear in paretics before or after epileptiform seizures.

Sulphur.—Sulphur is indicated when bad men, suffering with paresis, become over religious in mind and filthy in bodily habits. These patients talk much about salvation, but they object to the beneficial efforts of *aqua pura*, and dread a daily bath as much as the devil dreads holy water.

Veratrum Viride.—This remedy is called for when there is great mental excitement, with acceleration of the heart's action. While in this condition the *Veratrum Viride* patient has delusions of being poisoned, is very suspicious of others, but at times indifferent to those around him, especially to his nearest and dearest friends.

To the foregoing may be added *Cuprum Met.*, when there are epileptiform seizures; *Physostigma*, if tetanic convulsions supervene; and *Digitalis* or *Veratrum Alb.*, or similar remedies when the heart's action is impaired, and there is great physical as well as mental prostration.

The question now arises: What shall be done to save men from the inception and invasion of this fell scourge? For fifty years the task of curing general paresis has been attempted by faithful, earnest and learned men; yet with what an array of negative or unsuccessful results! While we may record with pride a series of triumphs against the ordinary foes of life, we stand aghast before the inroads of this dread vampire, and see men falling by its insidious encroachments, like the tender plant before the hidden worm at its heart; and yet we are almost powerless to help. Such being the fact, would it not be wise to apply the doctrine of prevention, rather than engage in the discouraging task of patching up or seeking to save the shattered fragments of a runaway wreck? The causes of paresis have been pointed out; prominent among these figure worriments and intemperances of

various kinds. To prevent the growth and development of these subtle causes among the young, the vigorous and the successful, we must give to them a better education, a loftier purpose to shun evil and do right, and a more invincible determination to accomplish the highest good in life without shattering one's forces upon the rocks of needless and dangerous excess. When the people, through their physicians, are brought to know and realize the fatality of their own self-imposed diseases, they may be induced to refrain from those formidable dissipations, whose feet take hold on destruction, whose bite is like that of an adder, and whose final landing place is a hopeless chamber and death bed within the walls of a hospital for the insane.

The cares and afflictions of ordinary life, the unpreventable reverses of fortune, the afflictions of disease due to occupation and climatic influences, the hereditary weaknesses which come down to us from our ancestors, all bring to institutions for the insane their quota of suffering victims; but many of these may be stimulated by the hope of restoration, and may return in due time, with renewed health, to a life of usefulness. But for him who progresses to paresis through the by and devious ways of his own worriments and dissipations, there are, until we reach a better ability to cure, no more cheering words than those engraved upon the portal of Dante's Inferno:

“Who enters here, leaves hope behind.”

CENANTHE CROCATI IN EPILEPSY.

During the past fifteen years it has been our sad duty to administer to the necessities of some of the epileptic insane. We have tried many remedies for the relief of the fits, and for the attempted cure of our patients. The results in many cases have been discouraging and unsatisfactory, although we have secured some palpably good effects in a very limited number of cases from the use of *Silicea*. This remedy seems indicated in epilepsy when the fits recur about once a week, and when they are specially aggra-

vated about once in four weeks. We have occasionally produced temporary relief from the convulsions, or their effects, by the use of Belladonna, Cimicifuga and Cuprum Aceticum; but no certain amelioration could be discovered after any drug, save Silicea, until we recently commenced a series of experiments with *Ceanothe Crocata*—the Water Hemlock. We have given this remedy a fair trial among our male epileptics for several months past. As many of these cases present the same general and specific symptoms, we have prescribed for all this new drug, and we note the following effects:

- (1.) The fits decrease in number about forty or fifty per cent.
- (2.) The convulsions are less severe than formerly.
- (3.) There is less maniacal excitement before the fits, in epileptics who are under the influence of *Ceanothe Crocata*.
- (4.) There is less sleepiness, stupor and apathy after the fits, and the debilitating effects of the attacks are more quickly recovered from under *Ceanothe* than under any other remedy we have tried.
- (5.) The patients are less irritable, less suspicious, and less fault-finding when taking this drug than when under any other form of treatment.
- (6.) Patients under *Ceanothe Crocata* are much more easily cared for by the attendants, because of the fact that they are less irritable, and less frequently afflicted with convulsions.

We have noted the foregoing effects of *Ceanothe Crocata* upon chronic and probably incurable cases of epileptic insanity, and surely if their deplorable and pitiable lives may be made brighter and pleasanter and easier by any means we should quickly disclose these means to the profession and the public.

We do not claim that *Ceanothe Crocata* cures epilepsy very frequently or very surely, but it certainly has seemed to very much ameliorate the condition of a large number of our patients suffering with this disease.

The most distressing symptoms of epilepsy may sometimes be relieved, but the disease is seldom cured. The pathological degen-

eration that exists in the brains of the epileptic insane is of a subtle and almost undiscoverable nature ; but it is as positive and as hard to straighten out as the fibrous corrugations in a plank of curly maple. Such a degeneration is rarely restored to correct physiological lines.

The effect of *Enanthe Crocata* upon the female epileptic insane has not been as marked and satisfactory as that produced upon the males. Why this is so, I am unable to explain ; but we shall, during the coming year, make more thorough and more careful experiments with this drug upon both sexes.

APHORISMS RELATIVE TO RECOVERIES.

We present herewith a few observations concerning the recovery of patients, and these have been noted so often in our experience that they may be properly classified as "aphorisms."

We presume others have noticed and recorded similar experiences, but we feel impelled to give them in this report, with the hope that they may be of some slight service to our co-workers by stimulating closer observations ; and we hope, likewise, that those who do observe the various phases of mental disorder and mental restoration will record them and present them to the world as a part of their philanthropic duty.

(1.) If a weak and excited and emaciated insane person takes on flesh with moderate rapidity, through the renewal of a normal appetite, and the resumption of natural digestion and assimilation ; and if at the same time he retains mental vigor, even though still disturbed or depressed, the patient will probably make a good recovery ; but if mental failure is a coincident of the fattening process, then recovery is improbable.

(2.) If insane people are jovial and reckless, though intensely excitable and manifesting many delusions, they are likely to get well.

(3.) When the melancholic insane accept the advice of the physician to stop worrying, such acceptance is a quite certain forerunner of recovery.

(4.) Victims of insanity are oftentimes the victims of false philosophies, and when they become strong enough to cast away the grinding and worrying tenets of the past, and accept broader and more intelligent and optimistic views of life, they quickly recover their mental powers, and their mental stability.

(5.) If, during the course of insanity, the patient is afflicted with bodily illness in which active inflammation plays a prominent part, and in which the tendency to localized suppuration is strong, the prospect of recovery is greatly improved.

(6.) When insane patients, after long continued sleeplessness, renew, without the imposition of hurtful drugs, the process of natural sleep, then they are quite likely to get well.

(7.) When women, accustomed to capillary decorations, become careless and allow their hair to be disheveled and uncared for, they reveal quite clearly the approach of insanity. When these same women after an uncertain continuance in the slough of despond, or in the wilderness of mania, begin voluntarily to bang their hair again, we note this as a quite sure sign of approaching recovery.

(8.) When patients, suffering with melancholia and apathy, begin to be irritable and suspicious of the motives and acts of those around them, and begin to be fault finding and hypercritical, we anticipate recovery in such cases.

(9.) When insane patients, after having been careless and filthy in their habits, begin to wash, and clean their clothes, and decorate themselves with flowers, they are quite sure to get well, although some cases of chronic mania become clean, and incline to gaudy decorations when they are mentally incurable.

INSANITY FOLLOWING CAPITAL OPERATIONS IN WOMEN.

During the past year several cases of insanity, among women who have had a part or all of the reproductive organs removed by the surgeon, have come under our notice and care. In some instances it has seemed that the disease preceding the operation has tended to mental disturbance, while in some instances the insanity has followed the operation as an apparent result of shock, hemorrhage, and radically changed physical conditions within the human temple.

Some of these cases have been so distressing in their nature, that it has seemed to me appropriate to call attention to the dangers to mental health which environ those who are extremely nervous and sensitive, and who are subjected to capital operations.

I believe that a careful discrimination should be exercised by the surgeon in the performance of every capital operation, and that the possibility of mental disorder following a severe operation should be weighed before the undertaking is consummated. It has been demonstrated that formidable operations may be performed without much loss of life, but if the last state of a diseased victim is to be worse than the first, as the result of a grave operation, then it seems to me that the wiser course would be to refrain from using the knife in such cases. It is possible for a woman to live in comparative comfort, and with a good deal of serenity of mind for many years, even when afflicted with organic disease of the reproductive system, by the adoption of appropriate hygienic and dietetic measures, and by scientific medication. The simple prolongation of life is not the highest aim of the physician or surgeon, especially if it is accompanied with great mental distress. It is better to have one year of a peaceful and contented and healthful mind than it is to have five years of a new life lease with an added burden of an agonizing soul torture.

In performing a serious operation, the surgeon should not only consider the probability of extending the life of his victim, but also the possibility of casting his victim into the toils of prolonged, and, very likely, incurable insanity. Therefore, before making any such operation the surgeon should not only consider the physical strength of his patient, and her ability to endure the process of carving, but he should inquire into the mental antecedents and tendencies of his case; and if mental disorder is likely to supervene upon his work, he should refrain from operating, and seek those mild and less heroic measures for continuing life, and, above all, for preserving mental health.

ANNUAL REPORT OF THE
WITCHCRAFT AND INSANITY.

By Dr. DANIEL H. ARTHUR.

“The vagaries and delusions of an insane person are varied and many. They embrace from the person who ascribes to himself the creation of the universe, with such a one's power and dignity, to the one who imagines himself the lowest of creation—a groveling worm whose tenure of existence depends upon its ability to keep out from under passing feet and moving vehicles; from the man who believes himself to be the Saviour of the world, to him who cherishes the thought that all the evil and sin on earth can be traced to his presence here.

The number and kind of delusions are almost as numerous as the sands of the sea, and as varied as the colors seen in a kaleidoscope. The temperament, habits and dispositions of the afflicted insane are in nearly all cases dependent upon the character of the delusion he cherishes. The maniac who believes himself king of the earth, and the general parietic who imagines he possesses wealth beyond that possessed by any other man, are happy, arrogant, and, in their own mind, in the best of health. The melancholiac whose sins have found him out, whose soul is lost, whose every touch is contamination and death, portrays in every lineament of his features and in all his conversation the nature of his affliction. As likewise the paranoiac, whose fevered imagination and surfeited conceit induces the delusion that he is the object of wicked and malicious persecution—that his life is in constant jeopardy from the machinations of his enemies—indicates in his actions and appearance a morose, suspicious, sullen and revengeful disposition. It is in this latter form of insanity where the homicidal instinct most usually prevails. It would lead the ill-nourished and anæmic brain of its victim to imagine that a loving mother, sister or wife had evil designs on him, to annoy him, to poison his food, to persecute and fasten all manner of ills upon him; or that a former honored and respected friend was exerting a diabolic influence or spell upon him, bewitching him, by which his vital energy was being sapped from him, his physical resources exhausted. In every hospital for the insane in the country will be found patients possessed of this latter delusion—that they were bewitched. This

belief in witchcraft as an existing fact in this generation, unless among the very ignorant, is undoubtedly extinct; yet, hardly two centuries ago, witchcraft as an existing evil was thoroughly believed in. All Christendom recognized it; the clergy preached it, and justice proclaimed the severest penalty to those possessed with its powers. In a little over seventy years it is reputed that 70,000 of its victims were destroyed by burning and hanging. The persecution of those supposed to possess this power in the New England colonies during the latter part of the seventeenth century has cast a sad pall over the otherwise fair history of our Puritan fathers. As late as 1770 the divines of the associated presbytery of Scotland passed resolutions declaring their belief in witchcraft (Macaulay, vol. III, p. 706); and only a few generations have passed since the English law against it has been repealed. Its influence was so strong, and its permeation throughout countries so general, that it is not surprising to occasionally meet with people who still hold to this belief. It was the most diabolic superstition that ever pervaded a people. A short exposition of witchcraft is as follows:

One possessed with this power is supposed to have formed a compact with Satan, and the practice of the power thereby acquired. Such embraced supernatural powers, including the ability to injure others, to read their thoughts, to call up the spirits of the dead, to transform themselves into the likeness of animals, to fascinate by a look, etc. Any one who claimed power to produce effects by other than natural causes. The above requirements would embrace the spirit: realistic delusion of the present day, and hypnotic influence.

From the evidence gathered from the trials of those accused of witchcraft, there can be no doubt that the majority were insane. The alienist of the present day would have no hesitancy in making out a certificate of insanity in many cases. Many, no doubt, confessed to escape torture; and many, where the evidence against them seemed meager, acknowledged their guilt to escape the misery of living as a reputed witch.

In reading the history of trials for witchcraft, the student of medicine of the present day can not fail to recognize or diag-

nose the many different forms of insanity. In those cases where the several children of one family, or many in one neighborhood have appeared to be afflicted alike, as in convulsions, through bewitching influences, some can be recognized as induced through imitation. In truth the reasoning being induced through erroneous conceptions, communicates itself with ease to feeble, and, indeed, sometimes even to strong minds. Hence the occasional epidemic character of certain forms of hysterical insanity. The facts which prove the truth of this are numerous and well-known. A case which came under our special notice applies directly here. N. B., a boy of 13 years of age, residing in one of our neighboring mountainous counties, while returning from school one evening at dusk, was frightened into convulsions by the sudden appearance of a wild cat, which sprang into his path from a neighboring tree, with a shrill cry characteristic of that animal. Although the animal caused him no physical harm, he continued to have convulsions at regular intervals of every few days. The boy had two sisters, one 11 and the other 9 years of age. In a short time each in turn developed convulsions similar to those of the boy. The medical skill of the county proved of no avail, and they continued to have convulsions at regular intervals until they were brought to the hospital, where they were promptly isolated and placed under the indicated treatment. These convulsions were undoubtedly transmitted through sympathetic imitation. Numerous instances of this sympathetic imitation in boarding schools, factories and reformatories are familiar knowledge to the reading public. There is now every reason to believe that where many were affected thus under the so-called Satanic influence, this hysterical influence was the cause. The courts took cognizance in many cases of a liability of insanity; but, in the large majority of cases, they reported a condition of sound mind.

As an instance of expert testimony manifested at that time, we quote from Cotton Mather's "*Magnalia Christe Americana*," or the "*Ecclesiastical History of New England from 1620 to 1698*." The case was that of an old Irishwoman who was accused of witchcraft. She was said to have bewitched the four children of John Goodwin. It appears that six years before

the old woman had been accused of being a witch. Images, puppets or babies, made of rags, were found in her rooms, which she was accustomed to incant over. When brought into court she pleaded to the indictment with owning and bragging rather than denial of guilt. The images, etc., were brought into court, and the woman confessed that the way she tormented the objects of her malice was by wetting of her fingers with spittle and stroking of those little images. When asked if she had any one to stand by her, she replied she had, and looking very pertly into the air she added, "No, he is gone." And then she acknowledged that she had one who was her prince. She confessed that her prince was the devil. She said she would fain answer better, but her spirits would not give her leave. The spirits prompted her in all things. To make all clear the court appointed five or six physicians to examine her very strictly, whether she was in no way crazed in her intellectuals. They spent divers hours with her, and returned a report that she was *compos mentis*, and sentence of death was passed upon her. Thus when the learned professions, medicine, the clergy and the bar, embraced the belief in witchcraft as an existing condition, there is nothing to be wondered at that it became almost a prevalent belief in large communities.

The latest epidemic of belief in witchcraft is that recorded in the Italian Review of 1879, under the heading, "An Epidemic of Hysterical Demonomania," which was prevalent at that time in a small town named Verzegnis, in the province of Trulli, northern Italy. There was said to be a veritable reproduction of the ignorance and gross superstition that prevailed 200 years ago in Europe, and in our own colonies. There is this, however, to be said in extenuation of the moral and mental barbarism evinced by the villagers of Verzegnis as compared with the intellectual condition of Europe and the New England colonies, viz.: that the former are of the most ignorant class of people, debarred from all means of intellectual advancement by reason of their almost total mountainous isolation from the civilized world. Nothing succeeded effectually in uprooting this evil until the government took steps and put a stop to it. Mere moral force was valueless; the presence of soldiers became necessary. In

fact, an infuriated mob of men formed a public solemn procession, insisting that the disease could not be cured unless by the expulsion of the demons that had provoked it. These people were undoubtedly well able to care for themselves, enjoy life and exist happily in their relations to each other, and their exclusion from the world, with the consequent lack of knowledge, is the sole reason why such an epidemic could have prevailed. Such a belief may be classed as a sane delusion induced through ignorance, not from diseases of the brain convolutions.

A case illustrative of the sane and insane delusion, and which is of interest here, as it embraces the delusion of witchcraft, was brought to our especial notice a few weeks ago through the criminal courts. There is an added interest in these cases as the two conditions existed in the same family, father and son, one the result of brain disease and the other an intellectual fallacy. We recite the conditions as they appeared to us after careful examination :

Case of A. H. Age, 44 years. Native of Germany, but lived in this country since the age of 4 years. Education, common school. Married. Five children, eldest 22 years, youngest 7 years. Had always been a strong, healthy man up to about three years ago, when he commenced to be troubled somewhat with dyspepsia. His occupation was that of a farmer and he had lived on the one place since early manhood. He had worked industriously, and to a certain extent mingled his thought with his labor. Had his farm paid for; owned other property; had a bank account, and was a trustee in a local insurance company of the county. A man of more than average intelligence, who had acquired a considerable knowledge of men and affairs, and was well respected by the community in which he lived. An honest, intelligent, hard-working man. The family history indicated a predisposition to insanity. Three years back his health began to fail. He became nervous, slept poorly, appetite variable, not the same ambition as formerly, enervated, etc. Began to complain of pains through his head, stomach, liver, and in region of kidneys. Lost flesh rapidly; became depressed, and soon expressed in every lineament of this features despair and hopelessness. Suspiciousness of family and friends soon found a strong abiding place in this diseased brain. Morose, suspicious, sullen and hopeless expressed his present condi-



tion in contradistinction to his former bright and cheerful disposition. Living a few miles from him in the same township was the man who had married his sister, H. M., a hard-working, poor, but honest farmer. Money had always been scarce with him. He was always in debt. His farm was mortgaged, and he seemed unable to better himself. But few luxuries ever found their way into that home. A. H. had often helped him; loaned him money, and in many other ways. Two years ago, when his creditors were pressing him for his debts, A. H. allowed him to confess judgment to him in a large amount to save his little property from being sold. The closest and friendliest confidences were exchanged between them, and their affection for each other and families was that of brothers. This relation existed unbroken up to about eighteen months ago, when a coolness on the side of A. H. commenced to manifest itself. This continued until finally a complete estrangement existed, at least as far as A. H. was concerned. All his delusions became concentrated against this one man. He believed that H. M. was possessed with the power of witchcraft; that he was exerting an influence against him which was gradually undermining his health, exhausting his physical resources. He was exercising the evil of witchcraft on him. A realization of this condition did not come upon him suddenly, but was gradual, persuasive, and finally convicting. He was loth to believe that his old friend and relative, with whom he had never held aught but friendly relations, and whom he had assisted when in distress, would without any cause place this spell upon him. The cause was unfathomable, but the condition positive to this clouded mind. At first he had commenced to notice that soon after being in the presence of H. M. he would have some unaccountable peculiar feeling. If he were touched, or if H. M. should pat him on the back in a seemingly friendly manner, a new sensation or pain would result. His very presence anywhere near him caused uneasiness and apprehension. On a Sunday a few months back, H. M. called to pay a friendly visit, and cider was set out to drink. The patient noticed that while H. M. was drinking his cider he would stroke his long whiskers with his hand, and apparently throw something off from them. After that he experienced peculiar pains,

and was unable thereafter to drink cider (which was his favorite beverage) without great discomfort. On another occasion, while H. M. was taking dinner with them, he went through the same movement of stroking his whiskers. At this time the patient was drinking coffee, and the results were similar to those experienced when cider was drunk. Milk, water and other different articles of food soon followed in the list that produced dire results to his different organs. This condition continued until the patient was reduced to a truly pitiable state of mind and body. He sought medical advice from all schools, and took patent nostrums in large quantities. He even went to the faith curist for aid. All with the same result, viz., he would be benefited in nearly all cases, but a return home and the sight of him whose victim he thought himself brought back his former symptoms. In fact, when convalescing from a severe illness, to dream of his Nemesis would precipitate a new and more violent state of health. Here was a true exemplification of Dr. Clouston's definition of insane delusions, viz., one that affects the conduct of life provided it results from a morbid condition of brain either through a deficiency or disease; a belief in something that would be incredible to sane people of the same class, education or race as the person who expresses it, this resulting from diseased working of the brain convolutions. His friends and relatives all recognized insanity as his disease, and tried to reason him out of his false belief, except the eldest son, aged 22 years. The next son was a schoolmaster in the neighborhood, and was a bright boy, as also did the younger children give hope of being bright and useful in life. The eldest boy had attended school but little; sufficiently to learn to read and write some, but nothing beyond this. To learn anything from books was hard work for him, and he did not tarry at school long. His life from earliest youth had been that of hard toil on the farm, and he liked work. He knew nothing better. He never read, except occasionally for a few minutes from a village weekly paper. He had but little knowledge of the outside world, and had probably never been away from home beyond a radius of fifteen or twenty miles. He could farm; he could farm well, and he liked his work. A giant in physique, he was far below the average in general intelligence. To him his father had always

been the highest possible knowledge and authority. He was his mentor in all things, and to him it was hardly possible that he could do any wrong. This boy believed in his father. He believed he was being wronged by a man whom his father had always befriended; that he was exerting an influence and spell upon him which was gradually destroying his life. He grieved for his father at all times as he saw him daily growing weaker, and pleaded with his uncle often to remove the spell and allow his father to enjoy good health again. He believed firmly that his uncle was exerting the power of witchcraft upon his father. Here was a delusion through ignorance—a result of lack of training, and want of development of the judging power, not from a diseased perversion of it. The boy had not sufficient intelligence and knowledge to know that this condition could not exist as described. It illustrates the superstition of ignorance.

The two cases are good examples of the sane and insane delusion, and there can be no doubt that these two conditions were the most prevalent in the days of epidemic witchcraft. The boy afterwards, while pleading with his uncle to remove the spell from his father, in a fit of anger killed him, and is now serving a life sentence in State prison.

MEANS FOR CARE AND PROTECTION OF THE INSANE.

About twelve years ago, as I was one day passing through the wards in company with the lady supervisor, I came across a very restless patient who was kicking off the bed-clothing faster than two active and attentive nurses could put it on. I said to the almost distracted nurses and to the supervisor: "Could you not put a canvas sheet over the patient and the clothing, and fasten it to the sides and foot of the bed in such a way as to keep the case properly covered?" Miss M. A. Crane, the supervisor at that time, kindly took the suggestion, and, like Mary of old, "pondered these things in her heart;" and from her meditations, and skillful and persistent application for the accomplishment of a desired end, and through the evolution of critical study and sympathetic experiments, came at last the "protection sheet"

which has been used at this institution for the care of restless patients during the past nine or ten years.

It will be seen by the dates already given that the "protection sheet" did not spring immediately from the suggestion, but considerable time elapsed before the fruit of the suggestion was fully ripened and ready for use.

We have written about the protection sheet repeatedly during the early days of its invention and growth, but in some unaccountable way we have neglected to give such credit as is due to the real inventor of this sheet. Miss Maria A. Crane is the person justly entitled to the honor of making and perfecting this new and very satisfactory means for the protection and care of suicidal, and restless, and weak patients. I understand that some people who have visited this institution, and who have seen the protection sheet in use, have copied the same, and are now making and selling this article without giving proper credit to its inventor.

In order to show the gradual growth of the protection sheet, and the giving up of all harsher forms of restraint, I will present, in part, a communication from Miss Crane :

MIDDLETOWN, N. Y., *September 1, 1892.*

DEAR DR. TALCOTT.—Had my first impression of restraints been more pleasant, I doubt if I should have ever taken any special interest in them.

My first experience was in private institutions where I served in different positions, and in places which gave me an opportunity of witnessing some of the most cruel abuses of restraints. My whole nature has been stirred to its depths with horror and with pity, as for the slightest offense of violence and excitement I have seen patients' heads dipped to their necks in pails of cold water, and held there till they struggled for breath. I have seen them receiving "showering baths," and scrubbed with brooms and scrubbing brushes; and if the patients dared to protest or scream I have seen them slapped across the mouth with the clothing which had been removed from their person. I have also seen sick and helpless

patients bound hand and foot, unable to move without being cut or bruised by the ties which bound them. I have seen them confined to the bed with leather and iron harness, and shut up in iron cages, and almost frightened to death by such treatment. Their cries: "Oh! won't you help me?" "Won't you unloosen these bands?" still sound in my ears, although it was twenty-two years ago when they made their first appeal to me. I was powerless to help individual cases, but in my heart there was born a strong resolve that I would yet do something for the destruction of the restraints which had caused so much unnecessary suffering. How or where it would be, I did not know. Neither did I then realize the years it would take to do the work, or the oppositions to meet, the prejudices to overcome, and the criticisms to be borne.

Perhaps you will remember that when you placed me on trial as supervisor, I made it an important daily duty to see, especially, every restrained, sick, or helpless patient, and to correct and report any neglect or abuse of the same.

The restraints then in use were: The crib, lock-strap, leather muff, camisole, body strap and foot strap. The body strap was made of double canvas, twelve inches wide in the center, tapering at both ends, and three to four yards in length. It was generally used with the camisole. The center of the strap was placed underneath the back of the patient, crossing over the front as tight as could be drawn, the ends fastening at sides of beds. I never was able to see its use, if it had any, except to make a patient most uncomfortable. In it there was no support to the shoulders, and if a patient wanted to raise up, she could, and the greater effort she made the tighter the strap was drawn across the stomach and abdomen.

You will remember my asking you if I could not make a pair of padded mitts for a patient who was then in a camisole, and who had sore elbows. You gave your consent, and the mitts were made, at first just to cover the hand, and were sewed at the wrists to the sleeves of the dress. They did not prove of much service, for the patient would tear them out with her teeth, and the attendants said it was too much trouble to sew them on every day, and the camisole must be worn. I tried again, mak-

ing a yoke neck, putting long sleeves in to cover the hands; but the same complaint was made — “it was of no use.” Once more I tried, making a full waist with sleeves. Had I not here asked you to give me an order that it should at least have a trial, it would have shared the condemnation of the others. As it was, it served its purpose for many years with destructive, suicidal and violent patients during the day, but something more was needed to keep the patient in bed at night, and for the sick, needing quiet and rest. I asked you if something different could not be used, and said I could make something better than that. You told me to cut out a pattern, and bring it to you; if it met with your approval, it could be tried. Not until I myself was sick in bed, tossing with pain from one end of the bed to the other, till my nurses had no patience with me, and threatened every day to tie me in bed if I didn’t keep still, was I impressed that it must be a part of my work to make a more complete and comfortable protective apparatus than I had ever made before, for I did not think I should find comfort in those I had prepared for others. All through my sickness it kept puzzling me. When I recovered, I told your assistant that if he would let me have nine yards of canvas, I was sure I could make something effectual. He referred me to you. You willingly granted me the request, and the first canvas protection sheet was made. It proved a success in every way. Only three sheets were made on the original plan. It was necessary to make some slight changes to fit the different kinds of bedsteads. Six months after the first experiment was made I sat in my office one day and, with scissors and a piece of paper, I hastily cut out a design, and the same has since that time been in use. With the paper in hand, I ran down to your office, and told you of what I had thought, and asked if you would let me try again. You consented, and I cut and made it, with a muslin band three inches wide, which was all that was in the back, fastening from one arm-hole to the other. But this was not sufficient, for in a day or two a patient worked her way out by slipping her arms through the arm-holes, and then crawled out through the opening at the neck. Then I tried a nurse in one, telling her she must get out herself, and I would watch her efforts. I saw a

waist was needed, which was made and tried on, and this proved serviceable, and useful to many. But I had to again ask permission for it to have a trial, as it was said by some to be another of my foolish get-ups. You gave it the name of a "sleeveless protection sheet." One night, when in giving my report, I spoke of a patient who had gotten out and destroyed a protection sheet, you said to Dr. Williamson that "the protection sheet would do well enough for old and feeble persons, but not for such patients as the more excitable." That one remark from you stirred me up to greater determination than I had ever had, and I said to myself: "What it has not done, it shall be made to do; and I will work till this object is accomplished." I then took another nurse as a model, and I watched beside her to see how she could manage to get out, and what was needed to give greater security. I thought it was sleeves, and perhaps mitts. Accordingly these were made, and I found that they were not only sufficient for a bad case on hand, but for every other patient that came under my supervision. And I had the satisfaction of seeing and knowing long before I left the hospital (seven years ago) that not a camisole, muff or strap was in use, none being needed. On my return, six months later, I saw that mitts were attached to long straps, and these straps were drawn tight, and fastened to the foot of the bedstead. I felt they were anything but comfortable to keep the arms in one position a long time. It was then I asked for the approval of a long, full sleeve, cut in dolman shape, as I felt sure such would be more comfortable, after all ties and heavy mitts could be dispensed with. It was first tried on third hall, where it was said to be "of no use." Another was left to be tried on second hall, under Mrs. Dun Van, which met with favor, and it has been in general use since that time. She gave it the name of "The Dolman Protection Sheet." Had it not been for the sympathy and confidence which Mrs. Dun Van gave me through some of those years of strife, work and worry, and for your own willingness to let me try, and your efforts to support me in experiments, my own courage would have failed and the "protection sheet" would not have been in use to-day in this institution or elsewhere. You have been the advising and fostering patron of this improvement in the care of the insane, always liberally

responding to every call of need. Mrs. Dun Van is the engineer that has directed its use to the confidence of others; and I have been simply a patient and inventive worker, toiling ceaselessly to make possible its manifestation or expression. Together, by united efforts, we have formed a trinity of understanding, strength and union which has bound our interest in one to care for and protect our insane from every abuse or unkindness.

There is much more that needs to be done. The dolman should be changed into one of more easiness of position and rest. It may be, and it may not be my work to make the change. Last April I undertook the work of making a canvas protection sheet, expecting to make improvement where I saw the need, but the weight of it made me tired and sick whenever I attempted its work, so that it has never been completed. It never can be completed by me. It is said that "only those who have ached can truly sympathize with the aches of others." As one who has suffered, I will no longer make, or cause to be made, anything that my own nature shrinks from. I would like to suggest, and I hope you will consider it a worthy thought, that a fine, but strong double-warped material should be manufactured for this purpose — bleached snowy white, with a soft, fine finish; something the most fastidious would have no prejudice against, yet it should be made strong enough for the most destructive and wild. It should be two yards in width, which is just the width of the bedstead from side to side. There would then be no seams in the sheet, which would give it a better appearance than any we have seen. I find nothing in the market that seems to be the thing needed, but such material could be manufactured in two qualities if the order were given. To make them more satisfactory and complete, the sheets should then be cut and made by some one understanding their fitness and comfort. The measure should be taken as accurately as for a dress, and as much judgment and care exercised in putting it on and buttoning it up and down. A number forty bust measure should not be squeezed in to a thirty-four bust measure, as I have seen done; and the nurse who did it called the waist uncomfortable for general use. Whenever protection sheets are sent out to inexperienced workers, a definite description as to their use and

application should accompany each one thus put on trial. But let them everywhere be placed in the hands of humane and intelligent women, and nurses who have discrimination and judgment—those who practically understand and apply the gospel of the golden rule. As long as people will run wild and mad, it seems necessary for their own protection and that of others to use some form of restraining care—physical, mechanical or moral—to meet their needs. Officers of institutions have it within their power to choose the safest and best; they have the influence to have what they most desire. I would be glad if the best could be started from this institution—an example worthy of imitation for the older schools—and if I can help in any direction that is consistent with my own conviction of rights, I will give the work of my hands, and the thoughts of my brain to your service.

I am sure that while I have pleaded for the cause of those who have suffered, you will know that I have no selfish ambition to gratify, no reputation to make, no position to seek; for it has only brought me into disfavor and hatred with many, never giving me as much as a penny, and not even a name. The work I know has been recognized here as well as in the outside world, but the author has been unknown; the worker has been as one dead and forgotten. I should never have begged for any recognition had I not known that other minds are working, and will in time gain the right to the manufacture, sale and name of the articles which have been first planned for you and afterwards for them. My impressions how to make, and when to change, have been the only inspiration or suggestion that has ever directed or influenced me, and I surely thought I was as deserving the name as anyone who undertakes to copy them.

M. A. CRANE.

Miss Crane has wrought in this field of philanthropy—making safe and easy protection for the insane—for many years, and deserves the full credit, and all there is in a *name*, for the invention and perfection of the protection sheet. I first suggested the covering of the bed with such a sheet, and Miss Crane did all the detail work of evolution and development.

The latest pattern of a protection sheet submitted by Miss Crane is acceptable, and will be adopted.

In addition to the great and noble work accomplished by Miss Crane, we are much indebted to Mrs. Dun Van—a nurse who has served with great skill and acceptance during the past fifteen or sixteen years—for some improvements in the making and attaching of the sleeves of the protection sheet. I may also state that Mrs. Dun Van, at my suggestion, in one very distressing instance, substituted for ankle straps, which we then used, a set of soft, padded “leggings,” extending from the foot to above the knee, and so wrought together and fastened to the bed that no further chafing of the limbs was possible. These “leggings” have saved many abrasions of the skin, and are very valuable in the care of those who are exceedingly weak and emaciated, and inclined to rub off the cuticle by constant and unceasing efforts.

All restraints should be dispensed with as far as practicable, but when life can be saved or prolonged, or the patient made more thoroughly comfortable, or his chances for recovery increased by the use of protective measures, then we should not hesitate to apply them. But they should be skillfully made and sympathetically used, remembering that we are dealing with sick people who are irresponsible for their actions, and remembering likewise that they need to be handled and cared for as tenderly and conscientiously as we would nurse a new-born and helpless child.

Before we adopted the plan of enforced rest by means of the protection sheet, our assistant, Dr. N. Emmons Paine, with the co-operation of Dr. Kinney, had made experiments upon some cases of melancholia by using a modification of the Weir Mitchell plan of treating cases of neurasthenia. This modified plan consisted of:

- (1.) Seclusion of the patient from his friends.
- (2.) Continued rest in bed.

- (3.) A phenomenally large and nourishing diet.
- (4.) Massage.
- (5.) Homeopathic medication.

This method was similar to that recommended and suggested by Dr. S. Weir Mitchell in his celebrated work entitled "Fat and Blood." But Dr. Paine omitted the use of electricity, and the use of large doses of crude drugs, substituting in their stead the mildest of homeopathic remedies.

The initial experiments, under the especial care of Dr. Paine, having proved in some instances to be very useful, we have enlarged our facilities for doing this kind of work by converting many of the day-rooms into hospitals, and by making a good deal of hospital room in the new buildings. Our method now consists of keeping all weak and depressed and excitable and rapidly emaciating patients, together with aged and helpless and demented cases, quietly in bed. These are watched and cared for by skilled attendants both day and night. As far as practicable they are kept in bed by moral suasion, and without the use of the protection sheet.

In addition to the old time plan of secluding our patients from their friends; of giving them prolonged rest, an abundant diet, and massage, we have also imitated the ancients by anointing the sick with cocoanut oil every night at bed-time. Worn and wasted patients seem to recuperate and regain their flesh more rapidly when they are oiled and rubbed than when this process is omitted.

We have come also to use more frequently than formerly a warm liquid diet. We give our patients all the milk they will drink, and use only a moderate amount of solid food. In some instances we mix raw eggs with the milk; and in others we give a mixture of milk, Mellin's food, and bovine—one pint of the former to a tablespoonful of each of the latter.

Patients who are kept in bed, and oiled every night, need, likewise, a sponge bath of alcohol and water — one part of the former to three or four parts of the latter — about every other morning. In some instances a sponge bath is needed every day. All patients who are kept in protection sheet need especially to be bathed and rubbed carefully and very frequently.

SALT FOR THOSE WHO NEED IT.

In the June, 1892, number of the "Journal of Mental and Nervous Disease," edited by Charles Henry Brown, M. D., we find, page 444, an article entitled: "The Subcutaneous Use of Salt Solution in Cases of Insanity." In this article it is stated that Dr. George Ilberg presented to the German Psychiatric Society, held at Carlsruhe in 1891, the results of his experiments in the subcutaneous injection of salt water in the arms of insane patients who refused to eat. He claimed that his plan was successfully applied in two cases. The cause of success rested apparently in the fact that the injection produced a sensation of burning throughout the circulation, and thus impelled the patient to forget temporarily those delusions which had hitherto caused him to refrain from eating.

I was impressed by the article, and, without resorting to the subcutaneous application of salt, I ordered the nurse who had charge, under medical direction, of the feeding on one of our disturbed wards, to stir into each pint of milk, to be injected into the patient's stomach, from one-half teaspoonful to one teaspoonful of salt. This salted milk was then fed to the patient by means of a Paine's soft rubber nasal feeding tube. The result was as follows: Twelve patients were fed in the morning with the feeding tube, and at night seven of the twelve willingly ate their supper, and some of these had hitherto obstinately refused food for a long time. In some cases the patients who began to eat voluntarily, soon after being fed upon salted milk, continued to eat without trouble. Others would eat for a day or two, and then relapse into their

former obstinate and unwilling condition. Although the experiment has been a brief one, yet the effects have been very beneficial thus far. The nurse was instructed to repeat the injection of salted milk two or three times a day, and continue in obstinate cases, unless a cathartic effect was noticed, in which case the salt was to be dispensed with. In about half the cases experimented with the effect has been strikingly beneficial. No ill effects have been noticed at all, although in some cases the patients persisted in refusing to eat food, but took liquid nourishment without much trouble through the nasal tube. It is a singular fact that some patients may be fed through a tube for a long time without any resistance on their part, and yet they can not be persuaded, by any amount of coaxing or reasoning, to eat voluntarily. They are apparently either too demented to understand the situation, or too lazy or indifferent to help themselves. Now and then a patient will not only refuse to eat and submit to being fed with a nasal tube, but he will even insert the tube himself, and then contentedly absorb that which the nurse pumps in by means of a Hall's or a Davidson's syringe. Occasionally it has seemed necessary to dispense with the use of the nasal tube, and use a stomach tube through the mouth. This method is not so pleasant, and sometimes a patient will eat after being fed with the tube through the mouth, who would continue indefinitely with the use of the nasal feeding tube. Recently we have used salt and water, instead of salt and milk, and this has seemed still more effectual in stimulating an appetite for food and drink.

PREMATURE REMOVAL OF PATIENTS BY THEIR FRIENDS.

In the elaborate system of laws under which the Roman empire existed for 1,200 years there was no statute against the killing of a father or mother by a son. When an accident of this kind did finally occur, and the lawgivers were questioned as to the omission of a statute making provision for the punishment

of such a crime, they asserted that they had considered that question, and had come to the conclusion that it was so unnatural as to be impossible for a child to kill his parent. Therefore, they had purposely omitted the enactment of such a statute.

It would seem, to the casual observer, that, when an insane patient had almost but not quite recovered from his insanity, he would be permitted to remain under the care of the physician and the nurse who had carried him through the darkest period of his mental disorder, until his cure was complete. But such is the unwisdom and the haste of too eager and non-reflective friends, that it very frequently occurs that an insane patient is removed from a hospital before he is well enough to go, and the unfortunate result of this overhaste in his friends is a relapse, a return to the institution, a chronic and helpless condition on the part of the afflicted patient. Here is a crime against the sick that is unprovided for in our State statutes. One of the most difficult and troublesome and vexatious tasks that we have to perform, is that of warning friends against the premature removal of a recovering patient from the hospital. When a patient is admitted, suffering the agonies of the damned, and making a pyrotechnic display of those agonies, the friends are anxious to get rid of him, and are willing to promise that they will do anything and everything that we may suggest in behalf of the patient; but when the storm has partially subsided, and when the work of curing is beginning to move on satisfactorily, then the friends in their blindness, their ignorance, their obstinate willfulness, their impassioned conceit, and their assumption of authority step in and, in violation of their profuse promises at the outset, in opposition to the advice and the remonstrance of the physician in charge, they persist in taking the patient back to his home, and back to those irritations which caused his diseases, before he is able to endure such a strain upon his mental fiber.

I can not do better, in emphasizing this unfortunate tendency of the friends to prematurely remove their patients, than by

quoting, in this connection, the opinions expressed by that magnificent observer, profound thinker, and lucid writer, the late Dr. Ray:

“Another duty of the friends is, not to precipitate the discharge of the patient merely because all trace of disease seems to have vanished. After the more demonstrative signs of insanity have disappeared, a certain grade of disease may still exist, though not obvious on a casual inspection. The patient receives his friends courteously, eagerly inquires for others, expresses an interest in persons and things at home, declares he was never better in his life, and his whole air and manner seem to confirm the assertion. By the partial judgment of friends the object of seclusion is regarded as fully accomplished, and no reason is supposed to exist for separating him any longer from family and home. They, however, who see him from day to day, watch his ways and listen to his discourse, know very well that traces of delusion still linger in his mind; that the current of his affections is far from smooth and clear, and that he imperfectly appreciates both his past and present condition. And experience tells them that only a longer probation is required to complete the restoration which removal would be likely to prevent altogether. Under these circumstances friends are much inclined to think that the physician is unduly cautious, and that further seclusion would only disquiet and irritate rather than exert a restorative influence. Accordingly the impatience and importunity of the patient are allowed too frequently to prevail over the counsels of the physician, and the step is taken which, oftener than otherwise, results in disappointment and sorrow. The sudden change from a state of complete subjection to the control of others to that of complete self-independence requires a degree of vigor and elasticity which the brain does not possess. The sight of familiar scenes and objects and faces revives a host of painful associations not very conducive to recovery, and even strengthens and fixes delusions that were steadily passing away. The self-confidence which usually characterizes this condition, brooks no check nor caution from those who have no power to enforce their wishes, and leads to efforts and enterprises quite beyond reach. One indiscretion

is followed by another; the conservative principles of the brain, one after another, are lost, until, at last, in full view of anxious friends, powerless to prevent or delay the result, the empire of disease becomes fully re-established.

It should be borne in mind that, in most cases, the restorative process, from the first signs of improvement to complete, genuine recovery, occupies a considerable period, and is marked by many fluctuations. In this disease, the vital movements are governed by a law of periodicity, more or less regular, in consequence of which, time is generally required, whether for better or worse. The most decided improvement may prove to be only a remission in the severity of the disease; only one in a cycle of changes in which the morbid movement may revolve. And at the best, the brain is long in regaining its normal hardihood, and until it does, exemption from relapse, under any circumstances of trial, can not be confidently expected. A person, who, after spraining his ankle, should undertake to walk a mile or two the moment all pain and inflammation had disappeared, would be regarded as committing a great folly. To use one's brain immediately after the demonstrative symptoms of insanity have passed away, as if all its powers were completely restored, is a folly so much the greater, as the brain is so much the more delicate and susceptible than the tendons and cartilages of the ankle. When precisely a patient can, with safety, be restored to his family and customary pursuits, is a question which, beyond all others in the treatment of the insane, will task the resources of the professional man to answer correctly. It is the part of wisdom, then, to leave it always to him, with the consoling reflection that if, in prolonging the probation, he errs, it is, unquestionably, an error on the safe side. Many recovered persons say they left the hospital too soon—that they were far from being well when they left—though apparently restored to their normal condition, while the few who complain of having been kept too long were obviously removed before they were restored.”

We might also write much and feelingly upon the visiting of patients by their friends, and the effects which such visits often have. Here, again, we may quote Dr. Ray :

“To a person laboring under any degree of maniacal excitement, and to many of those also whose aberrations are of a depressing character, *the sight of old friends*, especially after a long separation, stimulates the mental movements already beyond control. By calling up a host of old associations, by exciting painful, or even pleasurable suggestions, the vital movements of the brain are precipitated, the excitement which had been allayed by the temporary seclusion is kindled afresh, and thus the hold of disease is strengthened. The dearer the friend, the greater the emotion. The same persons who would meet a stranger with comparative indifference, might be agitated beyond control by the sight and conversation of those who are bound to them by ties of blood and affection. It is a great mistake to suppose that the insane are injuriously affected only by such as they dislike, and that the visits of those to whom they are tenderly attached can not be otherwise than soothing and salutary. It is not so much the character as the strength of the emotion, which does the injury; and, therefore, even the pleasing as well as the painful emotions may, by means of the associations connected with them, prove too much for the disordered reason. So susceptible is the patient rendered by the extreme irritability which is a common feature of insanity, that, as already observed, the receipt of a parcel from home, especially if it be some familiar object, often produces agitation and disturbance not readily allayed.”

Here we have the positive statements of a long experienced and close observer, and if the friends of our patients would only read these quotations from one of the ablest and grandest of psychologists, and abide by the opinions therein expressed, our tasks would be rendered lighter, and we would have more time to devote to the patients — many hours each day being now taken up with explanations to importuning friends as to why their visits would be injurious, and consequently inadvisable.

TOILS AND DISTRACTIONS.

The Conglomerate. — The editor of the paper printed and published by the patients of this hospital — a paper entitled “The

Conglomerate"—has at my request furnished the following statement:

"A reference to The Conglomerate was first made in the report of the medical superintendent, contained in the twentieth annual report of this institution. A fuller reference, corresponding to its increased growth, was made in the twenty-first annual report. At the request of the medical superintendent, the editor of that journal has undertaken to give a statement of the growth and present position, and field of action of this our crazy paper.

In June, 1890, at the request of several patients, who, while they did not feel themselves sufficiently strong to cope with the exacting requirements of the outside world, did feel that they were capable of better things than sitting inert, or indulging only in such occupation or amusement as can be furnished in a hospital's restricted field, permission was granted to establish a paper, as an experiment only, it may be said. We do not believe the patients who desired, or the authorities who permitted the establishment of this paper, had any abiding faith in its continuance or its success. They and the projectors builded better than they knew. With an outfit of about fifty pounds of type, and an old hand (second-hand) press (hired at that) the projectors of The Conglomerate started in for business. The first number was issued June 18, 1890, containing four small pages, twelve columns in all. As ocular demonstration is the strongest of proof, and a tangible exhibit is often the most convincing testimony in a law suit, we would be pleased and satisfied if all interested inquirers or doubters would inspect No. 1 and No. 117 (the last one issued) of The Conglomerate, side by side. No written or oral rhetoric would be required to explain or enlarge upon the facts. They would speak clearly for themselves. The twelve columns of No. 1 have expanded and grown into thirty-two longer columns in No. 117; and the small handful of advertisements in the first has increased to fifty-two in the number last issued. This substantial and actual growth is certainly evidence of merit somewhere. It is assuredly not a matter of accident.

We have also an exchange list of fifty newspapers from Maine to Missouri, and from across the ocean.

The pecuniary results of the paper also afford matter for congratulation. It pays for itself. It also has an established mercantile credit. The editor on his own responsibility and name can buy and has bought on credit paper, type and other necessities, with the same facility as could the New York Tribune or Harper's Magazine.

Its circulation is not to be despised. We print 1,000 copies or more every week.

The paper has many contributors, almost entirely among those within the hospital, or those who having received ministrations here have been discharged with a clean bill of health.

As some insinuation has been made that the paper is practically controlled by the hospital authorities, I wish to state most distinctly that the paper is just what it claims to be. It is edited, printed and published by patients. While in its early days some sort of supervision from authority was exercised, it has been found to be entirely unnecessary, and those having it in charge now have the untrammelled control. It is believed that the confidence reposed has not been misplaced, and that it will be time to talk of supervision when the occasion for it arises.

Another insinuation has been made, to the effect that the articles, or many of them, were not written by patients. Except the "Reminiscences of the Bar," which would find a welcome in any literary paper in the country, Dr. Talcott's interesting letters from Europe in the last volume, and occasional and exceptional contributions or selections from other sources, including patients who have "graduated," the entire literary work of the paper is furnished by those within the hospital. It is emphatically and truthfully the patients' paper. I am glad to have the opportunity to place this statement in an official report, which of course is always "absolute verity," and can not lie.

If it should be asked in a sneering or utilitarian spirit: "What is the use of all this?" I would reply in the language of an editorial in The Conglomerate some months old: "It is an evidence that some things can be done as well as others; it is an evidence that capabilities may be brought into action even among many of those whom the law may justly call insane; it is an evi-

dence that men even under depressing influences and surroundings may be stimulated to healthful mental action, and not sit inert, with folded arms and corrugated brow, bemoaning fate."

The Conglomerate has been a useful influence here apart from its weekly literary visits. It has furnished employment to many both in writing and in working at the press, and in the office. Its hebdomadal arrival is anxiously looked for by scores of patients. It has contributed in money on more than one occasion to the benefit and amusement of the patients generally. The beautiful flag which graces our grounds on gala days, and the tall pole from which it floats, were in a great measure procured through its instrumentality. The printers who work upon it are paid for their services, and earn clothes, and are furnished with pleasant excursions. They have all gone off fishing this afternoon, except the editor, who has to stay home to get off this screed, and "Fat Jim," who is busy at the crank grinding out his "Fleeting Fancies," etc. The Conglomerate owes a large debt to "Fat Jim," and I can not testify too strongly to his aid and efficiency, both in the mechanical supervision, and in his literary contributions. He is certainly the editor's right hand man.

I may make the "screed" too long, and will say but one thing more. I am glad to embrace this occasion to give testimony to the value of The Conglomerate to myself personally. It has been a resource in many weary and doleful hours; it has had a stimulating and beneficial influence both in writing and in business; it has given me a great deal to think about and to do; and in looking back upon the long ago years of a very active life, there is nothing which affords me greater pleasure and pride than my relations to the paper, and that I am permitted to subscribe myself

THE EDITOR OF THE CONGLOMERATE."

October 17, 1892.

In addition to the work done by patients in the printing office, we have continued to encourage male patients, who are strong enough, to work in the laundry, the boiler-house, the kitchen, and upon the wards, and grounds, and farm, and in the garden.

The women patients have been busied during the year with housework on the wards, and in the dining-rooms; and they have

wrought industriously with their needles in the various sewing-rooms.

All who are strong enough to work, and who wish to work, are furnished with such labor as may seem to be most beneficial to the patient, if not most profitable to the institution. The object of work for the sick is to afford appropriate exercise, and not to make money out of the toil of the sick poor.

School for Patients.—This has been continued during the past year under the leadership of Miss Ella B. Gartland, who has devoted her time to those patients who are in search of amusement and recuperation in the avenues of knowledge. Quite a number of the patients have seemed to enjoy the privilege of attending school one hour each day, and some have been benefited by this temporary distraction from their cares. The young enjoy the opportunities for acquiring new facts, while the old revel in a review of the occupations of childhood and youth, and thus a general benefit is conferred through the offices of a kind and willing teacher.

We have labored under the disadvantage of having to give up our school-rooms, as they have been converted into dormitories for the accommodation of our increasing and overcrowding numbers.

School for Nurses.—During the past year lectures have been delivered before the training school for nurses as follows :

Dr. Talcott :

- (1.) Normal operations of the brain and mind.
- (2.) Cleanliness in the sick-room.
- (3.) Air, light and noise in the sick-room.
- (4.) Sleeplessness, and the means for overcoming it ; duties of the nurse in caring for the sleepless.

Dr. Allen :

- (1.) Insanity ; its history, definitions and varieties.
- (2.) Qualifications of a good nurse and her various duties.

(3.) Emergencies and their treatment; hemorrhages, bruises, wounds, and foreign objects in cavities of the body.

(4.) Emergencies and their treatment; burns, scalds and frost-bites, the conditions of unconsciousness, and poisons and their antidotes.

Dr. Kinney :

(1.) Bathing and artificial feeding.

(2.) Massage, with practical illustrations.

(3.) Familiar facts for nurses.

(4.) Duties of the nurse to the physician.

Dr. Arthur :

(1.) Physiology of digestion.

(2.) Physiology of assimilation and nutrition.

(3.) Surgical dressings and their applications.

(4.) Bandaging.

Some of our nurses have not only availed themselves of the privilege of attending the lectures, but they have also listened to quizzes and instructions from the assistants on the medical staff.

Twelve of these nurses have passed a satisfactory examination, and have been granted diplomas by the institution. These were conferred in the library hall on the 8th of September, 1892. The following is a list of the graduates :

Miss Anna Redding,

Miss Annie Edwards,

Miss E. L. Rattray,

Mrs. Ida L. Moshier,

Mr. A. C. Parlin,

Mr. Frank Schoonmaker,

Miss M. A. Crane,

Miss Kittie Moffitt,

Miss Edith Penny,

Miss Alice Tompkins,

Mr. James Walker,

Mr. Frank Van Sickle.

The prize offered by the board of trustees for the best final examination, and for the greatest proficiency as a hospital nurse during the year, was gained by Mr. A. C. Parlin. Honorable mention was made of the following graduates: Misses Crane, Edwards, Redding and Moffitt.

Each member of the graduating class was presented with a handsome and suitably engraved badge, an emblem of achieve-

ment which is more honorable, when worthily worn, than any badge that could be conferred by king, prince or potentate for deeds of daring upon fields of blood. The soldier destroys human life; the trained nurse seeks to save and perpetuate it. We may reiterate, then, the fact that a nurse's badge is most honorable, even though it is not as ancient as the Golden Fleece or the Roman Eagle, nor as gratifying to human ambition as the emblem of the Iron Cross, or the Star and Garter.

Baseball. — The following is the score of games for the season of 1892:

VICTORIES.

DATE.		Score.	Visiting teams.	Score.
May 17	Asylums	23	Ontarios, Middletown, N. Y.	3
May 19	Asylums	16	Arlingtons, New York	15
May 25	Asylums	10	Murray Hills, New York	2
May 30	Asylums	9	Alphas, Brooklyn	3
June 8	Asylums	11	Leontines, New York	9
June 14	Asylums	4	Gorhams, New York	3
June 22	Asylums	8	Englewood Field Club, New Jersey	0
June 28	Asylums	15	Cuban Giants, New York	3
June 30	Asylums	10	Plainfields (Crescent League), New Jersey	4
July 4	Asylums	7	Hudsons, Brooklyn	3
July 12	Asylums	16	Gorhams, New York	5
July 14	Asylums	7	Flushings, Long Island	6
July 20	Asylums	17	Oritani Field Club, Hackensack, N. J.	8
July 22	Asylums	18	Brightons, New York	5
July 28	Asylums	12	Russell, Burdsall & Ward, Portchester, N. Y.	3
August 5	Asylums	7	Allertons	6
August 17	Asylums	16	Star Athletics, Newark, N. J.	6
August 24	Asylums	25	Harlem A. C., New York	2
August 25	Asylums	12	Oxfords, Chenango county, at Livingston Manor ..	3
Sept. 8	Asylums	22	Passaic, New Jersey	6
Sept. 16	Asylums	2	Walden, at Middletown	1
Sept. 22	Asylums	15	Walden, at Walden	1

DEFEATS.

DATE.		Score.	Visiting teams.	Score.
August 12	Asylums	1	New Yorks (Giants), members of the Nat'l League.	2
October 13	Asylums (ten innings) ..	5	New Yorks (Giants), members of the Nat'l League.	6

A convalescent patient presents these comments:

"The foregoing record speaks for itself. A few remarks on the qualities of the team that has accomplished it, we trust will not be out of place.

For strength, weight and muscular activity, we may proudly boast that our team has few equals. Good ball-players, earnest

foes, and gentlemanly young men, every one who has come in contact with them during the past season has been proud of the meeting.

As for their playing, all sorts of combinations of the best players in New York, New Jersey and Long Island have been placed against them in the field, but with no effect; managers of crack teams have plotted and planned to beat them, but in vain; all the amateur and semi-professional twirlers with pitching records have been hit hard, and often, all meeting the same fate—defeat. It took the New Yorks, of the National League, to defeat them. The battery, McGreevey and MacDonald, has worked like a charm, playing upon the weaknesses of the visitors with skill and effect; the infield has been “snappy,” “full of ginger,” and at times brilliant in fine technique; and the outfield has been faultless, challenging the admiration even of Manager Powers, of the New York League team. In this connection, mention should be made of center fielder John J. Lawler, who accepted forty out of forty-one chances. Mr. Lawler received The Conglomerate pin, as champion, a prize put up by the editor for the player making the best general record during the season.

The management is to be congratulated on a most successful season, having given better baseball to the hospital and vicinity than ever before. President D. H. Arthur, M. D., and Manager W. E. Cook have worked with assiduity and judgment to give the patients all the enjoyment derivable from the national game, and the writer takes this occasion to express the appreciation of the patients for their services.

This brings us to the most important aspect of our subject; *i. e.*, the effect of baseball on all classes of our patients. After several years of experiment, our medical superintendent claims that baseball as a craze displaces other crazes and helps to relieve the mind of its troubles and delusions. There is ample evidence for this belief, and any one at all acquainted with the insane has only to attend a ball game on the asylum grounds, or go through the wards on the day of a game, to feel its full force. It must be a very intensely interesting diversion that will make the mind forget the pressure of an imaginary trouble stamped upon

the imagination by years of brooding and self-introspection. Such, however, is baseball. So fascinating is this game, so kaleidoscopic in its many and ever-varying features, so full of the chivalric spirit of ancient joust and tourney, and so democratic in its power of bringing all classes of people together in a harmony of intense interest, that the mind of the spectator, however diseased, is simply carried out of itself, the imagination purged of impurities, and the person for the time transported to an entirely new and virgin plane of existence, delightfully entrancing — sane. The hypochondriac becomes self-forgetful, the melancholiac is aroused, the nervous are made quiet in absorbing attention to what is going on, all due to the healthy stimulus and the fascinating character of the national pastime. On the day of a ball game everybody is astir. A thrill of expectant delight runs through the hearts of all, sending fresh blood bounding through the veins; eyes glisten and cheeks glow in anticipation of the coming pageant. On the field all is animation; conversation finds food in the prospect of the battle going on; self-consciousness vanishes, and a strange *camaraderie* springs up among those classes which are usually distant towards each other.

The interest in the national game is also shared by the ladies, patients and attendants, and the increased knowledge of the technical points of the game displayed by them evidences the good it does them. Thus, during the past season, twice a week, an outdoor fete was held upon the beautiful emerald common of the hospital, and participated in by hundreds of patients, male and female, victims of all varieties of insanity, who were benefited and forwarded on the way to full health by the ball games and attendant pleasures of fresh air, fragrant flower beds, and the ever thrilling beauties of nature. And, feeling improved and benefited by this entertainment, a sense of gratitude wells up in the hearts of all towards those who have so liberally supplied them with this health giving agency. Long may the national game remain prosperous at the State Homeopathic Hospital, and continue its interesting work of restoring to its pedestal the dethroned and scarred statute of human reason."

We herewith present, from the standpoint of a convalescent patient, the subject of

Indoor Amusements. — “By a happy paraphrase of St. Paul, our superintendent tells us that, as the result of his study and experience, the best remedial agents in the care of insanity are “Heat, milk and rest; but the greatest of these is *rest*.” Upon hearing this statement, that of Cowper at once suggests itself :

“Absence of occupation is not rest.

A mind quite vacant is a mind distressed.”

There can be no question that a mind “quite vacant,” or a mind even inactive is, if not “a mind distressed,” a mind very much out of order, even diseased. A mind overactive or active in the wrong direction is the same thing. Healthy activity is a mind capable of either work or play, labor directed to some useful end, or amusement that releases the tension, reanimates and enlivens and restores nervous equipoise and comfort.

Mental invalids become such through many causes. Many have never had in all their lives their proper allowance of — our superintendent may call it “rest” — I will call it play. Again, we Americans do not know how to play. If in England “All work and no play makes Jack a dull boy,” here, with our exciting climate and hurried ways of living, it too frequently makes him a lunatic. The French know how to play; we and our English progenitors do not. When the Frenchman throws down pen or pencil, mallet or chisel, or even hod, he says, “*Nous allons nous egayer un peu*,” and in “gaying” himself he restores his mental and muscular equilibrium, and makes himself once more bright, smiling, animated, happy. *Vive la bagatelle*.

What shall we play at? In regard to amusements,

“Summer brings us royal feasts;

What of wintry weather?”

When walking, driving, baseball, bicycling, etc., have come to an end, what shall we do to infuse into asylum life the element of relaxation from care, healthful recreation, merriment and laughter that human life is not normal, natural and correct without?

We have at Middletown our "Amusement Association," with Dr. Daniel H. Arthur at its head, and this gives those of us who have musical or dramatic ability a chance to try what we can do in "sock and buskin," and those who have not an opportunity to while away an evening admiring our success, or criticising our shortcomings.

Our weekly dances are a great pleasure to many. There are always members of the "awkward squad" to afford the others merriment, and again many a patient and attendant who never before dreamed of bending at the shrine of Terpsichore has developed into a graceful and attractive dancer. There is really no knowing what one can do until one tries, and in certain cases it is just as well not to know, or one would never try it. "Ignorance is bliss" here as elsewhere. Let no one try "to see himself as others see him" when learning to dance. Like violent mania, the sooner it is over and the sooner forgotten the better. But our dances are a great pleasure and a great success, as all will testify.

Cards are a pleasant pastime, and such other games as chess, halma, backgammon and checkers are popular among us. A progressive euchre party we have not had yet, but there is a movement on foot to have one at the cottage before the winter passes.

There is a story of an old gentleman who took his grandchildren to the circus and, as they took their seats, said to them: "I brought you here to enjoy yourselves, and if you don't enjoy yourselves I'll take you home and thrash you." A hearty relish for amusement is a valuable gift, and too many are without it. Unfortunate are those whose philosophy is that of the unhappy Englishman who declared: "Life would be tolerable if it were not for its amusements." If we do not enjoy ourselves, or have not the ability to do so, not only does life become very weary and monotonous, but soon we lose the spring, the vitality, the exaltation that lifts us above petty annoyances, and soon, alas, we lose our hold upon the hearts of others!

"Laugh and the world laughs with you;
Weep and you'll weep alone."

We were put in this world to live, not to languish; to enjoy ourselves, not to suffer; and, as the grand and sonorous liturgy of the English church reads, to "thank Thee for our création, preservation, and all the blessings of this life."

Simple amusement, healthy recreation of all kinds, has great therapeutic power. Let us have plenty of it for our insane, and if it fails as a curative agency, let us use it on Sir Arthur Mitchell's plan, where he says: "If you can not cure your lunatic, make his life as happy as you can."

THE SITUATION.

By Dr. GEORGE ALLEN.

The above title refers to the situation of affairs at the Middletown State Homeopathic Hospital, and a thorough understanding of the subject demands that it be historically considered. To this end inquiry should be made as to the causes which led to the establishment of the hospital, the character of institution which its founders intended to establish, and the manner in which their designs were carried out. In pursuing these investigations it will be found that, at a certain stage in the progress of events, the State assumed charge, and, by legislative enactment, undertook to complete the institution and provide for conducting it as a homeopathic asylum in accordance with the plans and intentions originally adopted by the founders. It will be seen that the State completed the erection of the buildings, and has conducted the institution in accordance with the original designs during the greater part of its history, and that only lately has the original design been departed from through the influence of recent legislation. The pernicious influence of such legislation will be disclosed, and its effect in interfering with the legitimate work of this hospital, by diverting it from its original purpose and occasioning injury to the unfortunate insane, as well as great injustice to the homeopathists of this commonwealth, will in time become manifest.

A quotation from a circular issued in December, 1869, by Dr. George F. Foote, will, perhaps, as clearly as anything, set forth

the causes which led to the establishment of the Middletown State Homeopathic Hospital.

* The homeopathic practice of medicine in this country alone now numbers over 5,000 physicians [now about 12,000], while the recipients and believers are numbered by many hundreds of thousands. These are from the most intelligent and respectable portion of the community; people of good sense, good judgment, in every way competent to distinguish between right and wrong. They represent all professions, trades and arts, and their numbers are increasing at a ratio that is in harmony with the progressive age we live in, affording abundant evidence that this great system of medical reform is one of the powers that promote happiness and well-being of mankind. * * * We have colleges for the instruction of those who aspire to the healing art; we have dispensaries and hospitals where the unfortunate sick may receive proper medical attendance; but we have no asylum where the sick insane can receive the blessing of homeopathic treatment.

Here, then, is clearly stated the cause which led to the establishment of the Middletown State Homeopathic Hospital. It was the clearly felt want, by the adherents of homeopathy, of a homeopathic asylum for the insane.

The circular from which the foregoing quotations have been made was addressed to what may be called the homeopathic public—those who when sick in body or mind preferred to be treated by the homeopathic system of medicine.

The circular still further voices the reality of this want as follows:

Is it not an alarming reflection that any member of our household, a bosom companion, or our children, if attacked with this disease, must be hurried off to an asylum where allopathic treatment reigns supreme? Is it not alarming, when we reflect that there is no retreat, no home, where, if necessity requires, they can be sent and receive that benign treatment our long experience has taught us is so efficacious in curing the sick?

*Transactions Homeopathic Medical Society, State of New York, 1869, p. 420, seq.

This circular was issued by those who felt the realities and the necessities of the situation as it then existed, and those addressed were further importuned as follows :

“ We must talk about it in our homes, in our offices, upon the street corners and among our patrons. We must give from our own stores and gather from the overflowing coffers of our friends;” and this is precisely what was done. The matter was agitated and the work was systematically undertaken for the establishment of a homeopathic insane asylum. Then followed discussion and the determination of the character of the institution which it was proposed to establish. The original design contemplated an institution founded by money contributed by the friends and patrons of homeopathy; the current expenses to be paid by the patients, each in proportion to the rooms occupied and the attention given; the superintendent and officers to be salaried, and to have no pecuniary interest beyond this; the whole to be under the control of a board of trustees. It was distinctly set forth at that time that an asylum so organized would be ‘ accessible to a large class of respectable citizens who are able and willing to pay current expenses, but not able to pay extravagant prices.’ At the same time, it was stated that such an asylum would be equally available to the more wealthy, “ who could receive the attention and be accommodated with quarters commensurate with their ability to pay.” It was to be “ to all intents and purposes a respectable charity,” where occupants and their friends could feel that they were “ rendering a *quid pro quo*.” It was not proposed to make the enterprise in any sense a stock company with a prospect of dividends; on the contrary, all receipts were to be used for the welfare of the inmates, and if this were done it was believed that the institution would have a right to participate in such legislative disbursements as were made from time to time to similar institutions. It was even claimed at that time that the homeopaths had “ a right to demand that a public

asylum be set apart" to their management. These claims were made on account of the superiority of the homeopathic system, and because the large numbers, the wealth and influence of the homeopathic adherents justified them in making such a demand. The work of raising money went on; public meetings were held, a location was decided upon, and in 1870 the Legislature passed an act establishing "The State Homeopathic Asylum for the Insane at Middletown." This was the charter of the institution, in granting which the State accepted the moneys already raised, and the land (200 acres) already purchased by the friends of homeopathy, and granted to the citizens of this commonwealth a State asylum for the treatment of the insane by the homeopathic system of medical practice. In so doing the State adopted the plans of those who had the matter in charge, and undertook to have the same carried out under State supervision. As we have seen, this implied an institution where those of moderate means could obtain care and treatment at cost, where counties could send their insane for care on the same terms, and where the wealthy could obtain care and accommodations "commensurate with their ability to pay," and in accordance with the necessities demanded by their previous manner of living, always presupposing that the insane person or his friends elected that he should receive homeopathic treatment. There was nothing in the charter or in the existing laws which precluded the establishment of an institution to be conducted for the persons named, and upon the plan set forth above.

Under the charter thus granted the work was carried on, the necessary buildings erected, the State fulfilled its part of the obligation, and the Comptroller paid over from time to time such sums as had been agreed upon as the conditions were met.

In April, 1874, the asylum was opened for the reception of patients. From the opening of the institution the plan upon which it was conducted was essentially that laid down by its

founders. There were received from all parts of the State insane patients who desired homeopathic treatment; these included persons of moderate means, those who were wealthy, as well as those for whom payment was made by the county in which the patients resided.

The Legislature added to the charter from time to time, making more secure the strictly homeopathic character of the asylum, or providing greater facility for sending homeopathic patients from the various portions of the State to the homeopathic asylum. (Chapter 414, 1874, and chapter 121, 1876.)

For several years the number of patients was comparatively small, but as the results of treatment under the new system became known, people acquired confidence in the new institution, and it soon became self-supporting, and since about 1877 this institution has not received a dollar from the State for maintenance. As is well known, homeopathy counts among its adherents many wealthy persons. Numbers of these sent their insane friends to the Middletown asylum for treatment, and with the liberal payments thus received, the trustees were enabled to add to the beauty of the grounds, and to provide much in the way of internal furnishing and decoration without expense to the State. In this manner the property of the State has been greatly enhanced in value, and the comfort of the patients has been materially increased. While doing all these things to cheer and alleviate the unfortunate insane, and to beautify and render more comfortable their surroundings, the trustees were enabled from time to time to reduce the price paid by the counties till the weekly price charged by the Middletown asylum for the care of county cases was lower than that charged by any other asylum for the treatment of the acute insane (\$3.75 per week).

Up to October first of the present year 3,629 patients have been admitted thus far during the history of the institution. Two thousand seven hundred and seventy-five have been dis-

charged, of whom nearly fifty per cent were recovered; while the proportion of deaths has been relatively small. Strictly homeopathic treatment has always been maintained. The State from time to time provided such buildings as were needed for the increasing numbers of patients. Comfortable and commodious day-rooms have been built, designed to afford change of scene and an increased facility for fresh air and sunshine, which could not fail to be of benefit to the patients. A pleasant and attractive school-room was provided, where, under the guidance of a teacher and companion, the unfortunate victim of mental disease could be led away from the unwholesome surroundings of his own perverted and distorted imaginings, and conducted through the pleasant by-ways of literature, or interested in the sterner problems of science. A commodious amusement hall and chapel was erected, where dancing and entertainments of various kinds are conducted for the diversion of the patients on week days, and where on Sabbath the patients are regularly assembled for worship. Green-houses have been erected mainly from the income derived from patients, as a result of which the beautiful grounds about the hospital have been made more attractive by the presence of thousands of plants of brilliant hues, and flowering shrubs which everywhere greet the eye from early spring till latest autumn; while during the winter the weary sufferers upon the wards are often cheered by the presence of flowers which the hot-houses supply. But, greatest of all the good works which have been inaugurated and the one in which the management has greatest reason for pride, is the application of rest to the treatment of the insane. This institution was, we believe, the first to advocate the plan of enforced and prolonged rest in bed for the cure of insanity. This plan is in direct opposition to the teaching of many prominent alienists, but the results of the treatment have been so satisfactory that we believe it is destined to become universal in the near future. In evidence of this it is gratifying to learn that the

method which has been practiced here for the past ten years has, during the past year or two, been advocated and practiced in certain public asylums in Holland.

The system of rest in bed for the insane necessitates hospital wards, which are here seen in large numbers, where many of the acute insane are gathered together in beds in a single room, where they are always under the watchful eye of a number of careful and experienced nurses. Being in bed, they are treated as sick patients, which they are. They receive frequent baths, massage, oil rubs, etc., and are looked after in all particulars as though acutely ill from some bodily disease. They are induced to partake freely of hot milk and other easily digested and nutritious articles of liquid food. As a result the excited patient quickly becomes quiet; the depressed becomes more hopeful, and the enfeebled in mind and body are made stronger and tenderly cared for, while all are watched over in a better and more rational manner, we believe, than under any other system now in vogue. As a result of this method a majority take on flesh, which in so many is the physical precursor of a restored mentality.

The items of good work which have been enumerated have been the result of persevering toil along a given line during the period of the hospital's existence. It will be observed that this hospital has always occupied a unique position in the State's system of caring for the insane. Being the only homeopathic asylum it belonged, more than any other could be said to do, to the citizens of the entire State. Other asylums could readily be assigned a given number of counties from which to receive patients, and no one would be injured thereby, for there still would remain a sufficient number of asylums to care for the other portions of the State. But not so with the homeopathic asylum, or the Middletown State Homeopathic Hospital. Once assign to it a district comprised of a given number of counties, and immedi-

ately an injustice is done to the citizens of all the other counties; for if they desire homeopathic treatment it becomes impossible for them to obtain it. The danger of such a condition of things arising was recognized by the friends of this institution when the State Care Act, with its districting plan, was before the Legislature. But upon inquiry, those who had the bill in charge assured the friends of this hospital that the rights which it had heretofore enjoyed as a homeopathic institution would not be interfered with. The act having been passed, however, this hospital was assigned a district composed of seven counties, a district about equal in point of insane population to the districts assigned to each of the other State hospitals. A section of the law (section 9, chapter 126, 1890) provides that a patient desiring to enter an asylum situated beyond the limits of the district in which he resides may do so in the discretion of the chairman of the State Commission in Lunacy and the superintendent of the asylum, provided there are accommodations to receive him. It was claimed that this clause would permit any who desired homeopathic treatment, in whatever portions of the State residing, to gain admission to the homeopathic hospital. Apparently this would be the case. Let us see, however, what has been the practical working of the law after a trial of two years. The Middletown State Homeopathic Hospital has been obliged to receive all public patients coming from the seven counties comprising its district. This meant all the public cases of insanity occurring in these counties during this time, for by the same law none of these cases could be sent to the county asylums as formerly, nor could any cases be transferred from the State hospital to the county asylums, or to the Willard or Binghamton asylums, so as to relieve overcrowding, as had formerly been done. All cases that come to the State hospitals now must be retained till cured or dead, so that it is only a matter of time before all our State hospitals

must become full to overcrowding. This is precisely what has taken place at the Middletown hospital. During the two and a half years since the passage of the State Care Act this hospital has received nearly 600 public patients. During this time the management has tried to accommodate also all those persons, from whatever part of the State, who desire homeopathic treatment. That is, they have endeavored to obey the provisions of the State Care Act, and at the same time carry out as in the past the intentions of the founders and of the Legislature which granted the charter of the Middletown State Homeopathic Hospital. Guided by this act of the Legislature as voicing the will of the people who desired the establishment of this hospital, it has been the belief of the management that the Middletown State Homeopathic Hospital is and always has been a homeopathic institution, to which those of homeopathic faith should have the right of admission, no matter who may fail to enjoy that right. The time has arrived, however, when this hospital is unable to accord this right to the homeopaths of fifty-three counties of the State. The wards are badly overcrowded; the beautiful day-rooms have been turned into hospital wards, and for some months have been crowded with the public insane from our district. The school-room has been put to a like service. Wards intended to accommodate forty patients with comfort have been made to hold seventy. Dining-rooms are overcrowded, and inconvenience and distress are present to an unwholesome extent throughout the buildings. With a normal capacity of 675, this institution has, during the past year, been made to hold 875 and more patients — a manifest impossibility without the presence of more or less suffering and distress. The result is, that what was intended to be a hospital for the treatment and cure of the acute insane, has become a place for the detention of crowded and uncomfortable masses, and a law which was intended to remedy an evil has

become already the author of an evil of the same sort which it sought to cure.

By the condition of things above described, section 9, chapter 126, 1890, so far as it refers to the transfer of patients from one asylum district to another, has become inoperative, by reason of the fact that no "accommodations" have existed for the reception of patients from the fifty-three counties outside of the Middletown district. Therefore, persons who have desired homeopathic treatment at this institution could not be received, and what the law provided should be a homeopathic asylum for the citizens of the entire State is no longer so, for the citizens of fifty-three counties have for some time past been denied admission and treatment within its walls. Already during the past five months applications to the number of more than seventy have been refused from patients in various parts of the State desiring to come to this hospital for homeopathic treatment. The State Commission in Lunacy promise that relief from this condition of overcrowding will be obtained in the course of the next few months by the completion of new buildings, and the transfer of Middletown's excess elsewhere. We sincerely hope that this may be so, and we note with favor that the districting board, on October 11, 1892, reduced the Middletown district by transferring the counties of Suffolk, Queens and Richmond to the district of the Hudson River State Hospital. This is a step in the right direction, the necessity of which was recognized, and its accomplishment requested by the management of this hospital more than a year ago. (At the Gilsey House conference, July 14, 1891.) Had the districting board acted upon the request at that time much of the overcrowding which has existed during the past year might have been avoided, and with it much of the injustice which has come upon that large class of intelligent, respectable and well-to-do citizens who are adherents of homeopathy all over the State — citizens who during the past six months

must have felt as they did in 1869, when Dr. Foote voiced their sentiments, as follows: "We have no asylum where the sick insane can receive the blessings of homeopathic treatment." That statement was true then; it has been true again for fifty-three counties of the State during the past year. The homeopaths struggled, sacrificed, and gave of their means for the establishment of this hospital; they have been loyal to it; they have watched its growth and success with becoming pride; and now during the past six months they have been practically as much without a homeopathic State asylum as though it did not exist. This state of affairs is the outcome of the new Insanity Law — the so-called "State Care Act." Not that we for a moment believe that it was the intention of the framers of this act thus to work injustice to their homeopathic fellow citizens; nor is it believed that the administration of the "State Care Act" under a fair and liberal interpretation, in harmony with other existing laws, need have occasioned the injustice and distress of which complaint has been made. Under the new law the division of the State into districts was vested in a board established for that purpose. Had this board recognized the fact that by existing law the homeopaths from all parts of the State were entitled to send patients to the Middletown hospital they might, taking this fact into account, have assigned to the Middletown State Homeopathic Hospital either a small local district from which to receive county patients, so as not to interfere with the reception of homeopathic patients from all parts of the State, or have assigned to the Middletown State Homeopathic Hospital the entire State as a district for homeopathic patients of all classes, both poor and rich. The logic of events seems to have guided the districting board to the adoption of the former plan. Either of these methods would, we believe, have avoided the difficulty which has presented itself. But whatever solution of the question may be arrived at, a just solution can not be reached until the Middletown State

Homeopathic Hospital is restored to its original condition as a hospital for the adherents of homeopathy throughout the entire State. It is hoped that the reduction in size of the Middletown district will relieve the stress of overcrowding, and that ere long those from any part of the State who desire homeopathic treatment may be able to obtain it at this hospital. An amendment to the law is now needed by which public cases, for whom homeopathic treatment is desired, may be transported at public expense from any portion of the State to the Middletown hospital. This will remove what now seems to be an unjust discrimination against the adherents of homeopathy. We understand that the State Commission in Lunacy favor the adoption of such an amendment.

In the last annual report of this institution the trustees, through their president, gave utterance to a principle which may now be repeated with added force, since the truths then stated have become more evident by the experience of another year:

We submit, also, the principle that the Middletown State Homeopathic Hospital was originally intended and now exists for the benefit and accommodation of homeopaths throughout the commonwealth; and that such of the insane as are adherents of this method of medical practice should have preference over all others in gaining admission to this institution. Here is involved that liberty of choice and action in medical matters which is an inalienable right—a right which stands side by side with the right of liberty of conscience, or the right of civil and political liberty. We ask that the Legislature secure to homeopaths this right, beyond question or peradventure, by the enactment of an appropriate statute. This statute should provide that all officials having authority to commit insane persons, shall send them to the Middletown State Homeopathic Hospital whenever homeopathic treatment is desired; and the authorities of this hospital should have the right to admit patients of the homeopathic faith in preference to all others.

OVERCROWDING IN HOSPITAL WARDS.

Last year we suggested the means for the relief of overcrowding by the purchase of county asylum buildings, when these were suitable; by the enlargement of the various State hospitals, and by the establishment of subtreasures. Our suggestions have not yet been acted upon by the Legislature, and no subtreasures have thus far materialized; but overcrowding is here, and is eating its way into the usefulness of the institution even as a worm eats up the life of the bud, and destroys the prospective beauty of the blossom.

Overcrowding is the *bete noir* of any hospital; it is the great destroyer of all systematic and useful achievement in behalf of the suffering sick. Overcrowding is a grim monster that strikes its fangs into and holds down every project of hospital reform and improvement. Like a toad, it "dwells on the vapors of a dungeon," and its emblem is the phosphorescent badge of approaching decay. It sets its foot in every open and cheering place that has been intended for education, amusement or rest. It fills up, with closely-wedged beds and their wretched occupants, every nook and corner of the ward, the day-room and the dormitory. It is an ogre of barbaric days, and conjures up, wherever it is seen, gloomy thoughts of overcrowded prisons where soldiers languished in the sunny South, of reeking homes of the poor in the tenement-houses of our great cities, of the ghastly horrors of slave-ship steerage; and it even stimulates most vivid memories of the historic and hellish Black Hole of Calcutta.

State care for the insane is supposed to be better than county care. At all events, State care for the insane should mean the very best care that lavish but just expenditure, and intelligent and enlightened views and sympathetic and energetic efforts can possibly produce for the benefit of the sick. Anything less than this in our State hospitals is wrong and detestable, and if under

the application of the law of 1890, wrongs and injuries to the sick are permitted to exist by the people and the legislators of this commonwealth, then "State care" becomes a fetich not to be worshiped, but to be abhorred. The one threatening and overpowering danger to our State hospitals at the present time, unless due care is exercised, is the act of overcrowding. When insane persons are too much crowded together, they irritate each other by their presence, just as bees irritate their fellows when they are crowded into a small and uncomfortable hive. The result is that the insane slap, or strike, or jostle, or swear at, or in some way injure each other when too many of them are herded in one ward. But even if they do not inflict a palpable and muscular injury when thus situated, the sick, when closely crowded, affect each other by undesirable association, and by those emanations which are inevitable from the various and decay-exhaling orifices and surfaces of the body. No matter how good the ventilating apparatus may be, it is impossible to safely sweep out the foul effluvia of the sick, except upon a current of air that moves at the rate of about two miles per hour. When the draught is more rapid than this, the danger of catching cold is greatly increased. Hence, we should avoid placing too many in a given space.

When patients are crowded together they not only suffer from impure air, but they suffer likewise from the fact that the nurses can not as thoroughly and carefully attend to their wants in crowded quarters as in quarters that are appropriately commodious.

Every insane patient should have at least 1,000 feet of cubic space in which to sleep at night, and 1,000 cubic feet of space to live in during the daytime; and there really is no excuse for overcrowding, except by some species of mismanagement, or lack of forethought, or unsuitable appropriations. Overcrowding would be an unheard of factor in our State hospitals if the fol-

lowing method were adopted: Each year the Legislature should appropriate to each hospital money enough to put up new buildings to accommodate those who will likely come in during the succeeding year, and the estimates for these buildings should be based upon the normal increase in each State hospital during the preceding year. One institution may be so situated as to have a normal increase of 100 patients, and an annual appropriation for the erection of new buildings to accommodate 100 patients should be voted to that institution. Another institution may have a normal increase of 150 patients, and that institution should have an annual appropriation for the erection of new buildings to accommodate 150 patients. By adopting this method, and by crystallizing the same into a law compelling this *pro rata* appropriation, we would have a sure and substantial and continuous means for avoiding the dangers of overcrowding. Then we would not be obliged to rely upon the temporary and passing "influence" of those who by subtle yet irresistible means sway the powers that be, and either make or withhold appropriations in accordance with some individual whim or political consideration. At present, the method of securing needed appropriations for each institution is carried on in a rather haphazard way, and its workings are about as mystifying and uncertain as the blind fumbings of Atheistic Chance!

In the olden times, the means by which relief from overcrowding were secured consisted of sending county patients who were not likely to recover back to the county almshouses or county asylums, thus leaving the hospital open and ready for acute cases. That plan having been dispensed with by the law of 1890, and all patients now committed to our State hospitals being required to remain there until either cured or dead, we must seek a new and prompt measure for the relief of this inevitable tendency to overcrowding. Even now we are overcrowded to the extent of about 200 patients. We can not get an appropriation, and put up a building under eighteen months or

two years from the present writing; hence the condition of overcrowding is not only likely to continue, but will almost inevitably largely increase during the next two years, and if the Legislature does not make the necessary appropriations during this coming winter, then we are constantly getting deeper and deeper in the mud and mire of overcrowding. But by the plan which I have suggested — of passing a law compelling the annual appropriation of certain *pro rata* sums for the erection of new buildings — we can avoid the greatest of all dangers that are likely to beset an institution of this kind.

The condition of overcrowding is also exceedingly discouraging and disheartening to the attendants as well as injurious to the patients; and finally, a spirit of recklessness and rebellion among the nurses is engendered wherever overcrowding is long continued. No matter how good the general and medical management may be, the act of overcrowding tends to neutralize and antidote the best of management, the most skillful of medical care, and the most faithful and patient of nursing. We believe that the general organization and management of the New York city asylums for the insane is admirable, and that the work performed by the medical staff is as ably and intelligently done as that of any hospital staff in the country. But, in spite of the fact of the excellent medical management, under the general superintendency of Dr. A. E. MacDonald, and the elaborate corps of faithful assistants, we find, in the "Report of the Advisory Commission on the Care of the Insane in Public Institutions of the City of New York, 1892," presented by the committee appointed by Hon. Hugh J. Grant, mayor of the city of New York, and composed of Hon. Elbridge T. Gerry, Hon. Franklin Edson, Hon. Oscar S. Straus, Hon. E. P. Barker and Hon. William Lummis, the following:

"The condition of these insane poor is pitiable. Their accommodations are a reproach to humanity. *Overcrowding* exists in every building of every department, and their wretched

existence is rendered still more intolerable by the absence of comfortable surroundings, of proper accommodations of every kind, and by insufficient protection in the case of many of the smaller buildings from the inclemency of the weather. * * * On Blackwell's island 1,813 female patients are cared for, while proper accommodations exist for only 1,091. * * * In the main building there are 290 patients, while there are accommodations for only 170. * * * In the small rooms four and five beds are jammed together. The hospital ward, where the sick are accommodated, is also *overcrowded*. The pavilions were originally erected about the year 1874 to provide for the overcrowding at that time. Four stoves in one of these were insufficient to keep it of a proper temperature. The patients here are enfeebled old women, many belonging to what is known as the filthy class—so demented that personal cleanliness seems an impossibility. The beds are placed so close together that the unhappy inmates can only get into them by climbing over the foot or else by having an attendant assist them. There is no place where they can sit, excepting in the long aisle which runs between the beds in the center, and there they do sit all the day long, excepting when exercising. * * * Next the commission visited Ward's island. This island is owned in part by the State and by the city. The main building on it is a very large and well-constructed institution, but it is as *badly overcrowded* as that on Blackwell's island. It was intended to accommodate 1,500, and now over 1,800 are crowded into it. Extra beds are placed in every ward, and even the cellars have been utilized for that purpose. * * * At Hart's island 1,350 patients are distributed in half a dozen buildings intended to accommodate only 1,099."

At this institution on the 20th of September, 1892, we were overcrowded over thirty per cent; while in all the other State hospitals at that time the average overcrowding was only seventeen per cent. This shows the injustice that may be worked by the districting plan. From April 21, 1892, to October first, same year, we were obliged to refuse admission to over seventy cases whose friends desired for them homeopathic treatment. These lived outside the Middletown district, and our wards were already

filled, to the danger limit, with non-homeopathic cases from the district assigned to this institution.

All these troubles arise from the simple fact of overcrowding, and from lack of suitable buildings. Our State authorities should, above all things, set an example to those of every other State, and to the nations of the earth, by the exemplification not only of good management, but good care readily applied through the means of plenty of room for the insane. This imperial commonwealth is almost entirely out of debt, and can well afford the most generous of charities, although we should avoid every tendency to reckless waste. We have said before, and we reiterate this fact, that "States are never ruined by the munificence of their charities;" their fortunes are broken, if at all, by the careless and lawless expenditures or peculations of bungling or dishonest officials.

In affording this suggested and idealized method of good and uncrowded treatment of the sick, we must remember that eternal and unceasing effort is the price of curative and comforting State care for the insane.

We have spoken of the condition of overcrowding as it existed during the year ending September 30, 1892. We have since that date occupied two new buildings, and the degree of overcrowding has been temporarily lessened. It affords us pleasure to state that we have assurances from the State Commission in Lunacy that suitable accommodations for all the pauper insane will soon be provided by the completion of other buildings, and that an amendment to the law of 1890 will be framed, to the effect that the indigent patient may go to any State hospital of his choice, the expense of transportation to be paid by the county or the State.

IMPROVEMENTS AND NECESSITIES.

During the past year the building committee has supervised the erection of two new buildings for the care of the indigent insane. These buildings, with necessary steam-heating apparatus, and

plumbing, and furnishing, cost about \$110,000, and are designed for the reception and care of 200 patients. About twenty-five more than the law designed may be accommodated therein.

In addition to the foregoing the committee has supervised the construction of an artesian well, which is now pumping into the tank in the main building about seventy or eighty gallons per minute. This means a supply of over 100,000 gallons every twenty-four hours, or about 100 gallons for each of the 1,000 inmates and workers at this institution.

A new boiler has been set up in the boiler-house, and a new trestle has been constructed for the delivery of coal at the most convenient place for ready use.

These are a few of the most notable improvements of the season. Reference to the reports of the carpenter and engineer, as incorporated in the trustees' report, will show the various minor improvements in detail.

During the year we shall need :

(1.) New accommodations for at least 150 patients. We should erect a building for males corresponding with the structure for women patients known as "Talcott Hall," the new building to be designated as "Guernsey Hall." We need also a building containing two or three hospital dormitories for women.

The cost of these two structures will be about eighty-two thousand five hundred dollars (\$82,500).

(2.) While at present our supply from one artesian well is satisfactory, and nearly equal to the demand, so long as everything works smoothly and without accident, we should, I think, put down another artesian well within easy access of the boiler-house, and have it connected with a suitable pump, in order to have a substitute source of supply ready at all times in case the machinery in the first well should be disabled. We should also have a storage reservoir in which to keep a week's supply of water.

(3.) We should have another smoke-stack for the boiler-house, in order to accommodate the already increased number of boilers. More new boilers will also be needed ere long.

(4.) We need a series of new wash-sinks in all the pantries of the main building and the pavilions. These should be set in accordance with modern ideas of plumbing.

(5.) We need new furniture for the various wards, as the old furniture is constantly being battered to pieces and worn out by the patients.

(6.) We need suitable additions to our electric-light plant, the boiler-house plant, and the laundry plant.

(7.) We need more accommodations for the medical officers of this hospital and their families. Two suitable cottages should be added to the institution for this purpose. The accommodations for medical officers have not kept pace with the increased accommodations for patients. This lack of quarters for assistant physicians should be remedied.

(8.) We need an appropriation for the creation and continuance of an amusement fund for this hospital.

THE IDEAL.

We must always aim at a mark, and a high one too, for if we aim at random we shall be apt to hit nothing. I believe it is the aim of the managers and authorities of every State hospital in this commonwealth to establish, and maintain, and foster, and promote the growth of an ideal institution. To this end, healthful and inspiring locations are sought upon the hill-tops, and upon the banks of noble and historic waters.

In establishing the ideal, the primary surroundings are of invaluable importance, but when these are satisfactory then comes a demand for sanitary and hygienic advantages. Then we consider both the solidity of the walls and the roominess of the wards, and likewise the inspiration of architectural effects.

We should consider the easy and abundant diffusion of light through every room, thus producing an impulsion to cheerfulness which the God of Day only can dispense among the children of men. We seek, in that which is to be an ideal sanitarium for the sick, the easiest and most comfortable and most tasty and artistic furniture. Everything that tends to please the eye or rest the tired bones or muscles, or cheer the aching heart of sorrow, or quiet the disturbed mind of the maniac, should be sought for, selected and attained; and when the edifice has been thus erected and furnished, the individualized care of each member of the congregation therein assembled should be piously and faithfully attended to.

The ideal institution is not only symmetrical in outline and beautiful from an artistic and æsthetic standpoint, but it must have the best and easiest facilities for feeding and cleaning and comforting the sick. These facilities should bring to hand all that is needed for physical comfort and recuperation, and likewise there should be easy and thorough means for disposing of hospital *debris*, and of everything that is deleterious to health, in the shortest, most unobtrusive and most effective manner. With all these physical facilities there should be found measures for the promotion of order and good discipline, and each worker should be taught, instructed and compelled to give his most intelligent and faithful efforts to the invalids committed to his care. Above all, throughout the ideal institution, in every nook and corner, should be found the spirit of sympathetic love, and the lofty purpose to fulfill in every particular the lasting requirements of the golden rule. When these means are at hand and this spirit prevails, no member of the hospital household, even though the institution may have its thousands of inmates, shall ever be compelled to suffer for the lack of a cup of cold water, nor for any other necessity, comfort, or grateful and invalid-cheering luxury.

A SUGGESTION.

In some hospitals the plan of having women care for all the dining-rooms in the male wards has been advocated, and in some institutions this method is already in vogue. It has seemed to us that another step in the path of progress may be made if there should be appointed for every woman's ward in hospitals for the insane a man or boy to do the heavy and drudging work. There is always a considerable amount of furniture to be handled and beds to be moved, and other heavy articles to be lifted and carried and put in place. A woman is unfitted for hard lifting by reason of anatomical and physiological conditions; hence she should be relieved of every task which tends to an overstraining of the back and the arms. Of course, such innovations as the employment of women in men's wards, or of men in women's wards, should be made with great care and caution, and all necessary restrictions for the preservation of the moral code should be thoroughly and conscientiously thrown about the projected reform. As it is, however, the women's wards must frequently be visited by male physicians, by male carpenters, by male engineers, by male laundrymen, and by other male workers, whose duties can not, under the present *regime*, be performed by women. A suitable division of labor between the sexes should be a practical and easily accomplished and easily wrought achievement.

MORE SUGGESTIONS.

Every hospital for mental and nervous invalids should have in constant attention a dental surgeon who should devote his time to the care and treatment of the teeth, and of the diseases which environ those that become decayed and injured by use. Many of the insane neglect their teeth at home, and suffer greatly therefrom; and when admitted to a hospital their mouths are often found to be in a filthy, uncared for, and highly pathological state. Many nervous disorders and numerous mental distresses are produced, we believe, by the reflex influence of decayed teeth.

Hence, every insane person when admitted to a hospital should have the immediate and careful service of a skilled dental surgeon. The poor can not afford to pay for such services; consequently the State, in assuming charge and wardship over these helpless indigents, should see to it that special care in this and every other needful direction should be afforded. We should not be satisfied with a fairly good general average care, but we should seek to give to each afflicted patient placed in our charge all necessary special care of the most thorough and scientific nature. To this end, the State should appropriate sufficient salaries for such specialists as are needed in a hospital for the treatment of the insane.

Besides a dental surgeon, we should have on the hospital staff an oculist who does not believe that every disease may be cured by an operation on the eye, and a gynecologist who does not cherish a blind faith in the theory that all diseases of women may be permanently relieved by a digital examination, or by the removal of the uterus and its appendages.

In addition to the foregoing, we should have an appropriation for amusement of every kind that is likely to produce ameliorating effects upon those suffering with mental and nervous diseases.

We should also have appropriations for the establishment and management of bath-houses and gymnasiums. We should also have glass structures where sun-baths may be given every pleasant day throughout the year. Again, we should have more green-houses for the cultivation of plants and the production of flowers, so that our grounds may be more thoroughly beautified in the future than in the past, and also to the end that every patient may be supplied with floral beauty in profusion whenever the desire is felt or the demand made for those things.

In the line of practical utility we should have appropriations for shops wherein the work of various trades may be exemplified by the patients and their instructors.

ACKNOWLEDGMENTS.

I desire to express to the board of trustees my most grateful and earnest thanks for the encouragement and support with which you have always favored me and assisted my efforts in behalf of the insane.

I desire also to tender my thanks to my assistants, Drs. Allen, Kinney and Arthur, for whatever they have done toward upholding my hands, and for ministering to the imperative and ceaseless necessities of the mental invalids sent to this place for treatment. I desire to express my acknowledgment to Mr. Cochran, the steward; to Mr. Henry J. Leonard, the assistant steward; to Mr. and Mrs. Cook, Miss Comstock and Miss Benjamin, the supervisors, and to all the attendants throughout the various wards. I also acknowledge the services rendered by the engineer, the carpenter, the florist, the farmer, the gardener, the laundryman and the *chef de cuisine*.

We are under obligations to the editors and proprietors of the Middletown Argus, the Middletown Times, and the Middletown Press; the Independent Republican, of Goshen; the Warwick Advertiser; the Tri-States Union, of Port Jervis; the Gazette, of Port Jervis; the New York Medical Times, and the New York World, for the generous donation during another year of papers and periodicals to our patients.

We likewise desire to express our gratitude to Reverend Father McClancy, Reverend Father Lenes, Reverend Dr. Gordon and Reverend Messrs. Beattie, Page, Robinson and Burch for the spiritual consolations which they have freely, in the name of the Master, offered to the inmates of this institution during the past twelve months. We also remember with gratitude the organists and choirs of the various churches for the eloquent and inspiring music which they have furnished to our patients from Sabbath to Sabbath.

It is impossible for me, at the conclusion of an annual report, to express in fitting words my acknowledgments in full to all the workers and all the friends of this hospital; but I hope that each one will feel that I bear in constant remembrance every honest effort by every faithful worker, no matter how humble the position may be which he or she fills.

Above all, we thank the Almighty Ruler for His continuous guardianship, and His beneficent care; and we ask with renewed fervor His guidance and protection for the institution and its inmates throughout the unknown and untried future.

Very respectfully submitted.

SELDEN HAINES TALCOTT,

Medical Superintendent.

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TABLE No. 1.

Showing movements of population for the year ending September 30, 1892.

	Men.	Women.	Total.
Remaining October 1, 1891.....	393	372	765
Admitted during the year..	157	182	339
<hr/>			
Total number under treatment during year.....	550	554	1104
<hr/>			
Average daily population.....	418 ²³² ₃₈₈	408 ¹⁸⁸ ₃₈₈	827 ¹⁰² ₃₈₈
Capacity of institution.....			875
<hr/>			
Discharged during the year:			
As recovered.....	43	82	125
As not recovered.....	33	23	56
As not insane.....	1	.....	1
Eloped.....	1	.....	1
Died.....	37	30	67
<hr/>			
Whole number discharged during the year.....	115	135	250
<hr/>			
Remaining September 30, 1892.....	435	419	854
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TABLE No. 2.

General statement, October 2, 1892.

Date of opening, April 20, 1874.	
Total acreage of grounds and buildings	281
Value of real estate, including buildings.....	\$1,004 500 00
Value of personal property.....	89,500 00
Acres of farm land under cultivation, and pasture....	210
Capacity of institution.....	875
Daily average under treatment.....	827
Cash on hand October 1, 1891	\$47,744 11
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Receipts during year.

From State treasury (for officers' salaries, extraordinary improvements, etc.).....	\$96,869 26
From counties for patients' board.....	114,657 20
From private patients.....	81,348 97
From all other sources	4,956 86
<hr/>	
Total receipts during year.....	\$345,576 40
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Disbursements during year.

For officers' salaries, extraordinary improvements, etc. (paid direct from State treasury).....	\$125,872 75
For wages.....	55,395 99
For provisions and stores.....	59,098 41
For ordinary repairs.....	4,612 39
For farm and grounds.....	11,244 81
For clothing.....	5,012 96
For furniture and bedding.....	9,178 14
For books and stationery.....	1,347 08
For fuel and light.....	17,901 39
For medical supplies.....	1,254 63
For miscellaneous expenses.....	3,246 17
<hr/>	
Total disbursements during the year.....	\$294,164 72
Balance remaining on hand October 1, 1892.....	51,411 68
<hr/>	
	<u>\$345,576 40</u>

Weekly per capita cost on current expenditure, inclusive of clothing and officers' salaries.....	\$4 10.
Weekly per capita charge to counties, inclusive of all items.....	2 50 and 4 25

Maximum rate of wages paid attendants:

Men.....	37 00
Women.....	35 00

Minimum rate of wages paid attendants:

Men.....	18 00
Women.....	12 00

Proportion of day attendants to average daily population,	1 to 9
Proportion of night attendants to average daily population.....	1 to 55
Percentage of daily population engaged in some kind of useful occupation.....	31.82
Estimated value of farm and garden products during year.....	\$10,264 50
Estimated value of articles made or manufactured by patients during the year.....	2,500 00

TABLE No. 3.

Showing assigned causes of insanity in those admitted during the year ending September 30, 1892, and since October 1, 1888.

CAUSE.	YEAR ENDING SEPTEMBER 30, 1892.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Abuse	1	1	.....	1	1
Amenorrhea.....	1	1
Anæmia	2	2
Apoplexy.....	1	3	4
Business trouble.....	1	6	7	5	8	13
Child-birth.....	2	2	.....	12	12
Chorea	1	1
Christian science.....	1	1
Cigarette smoking.....	1	1	.....	1	1
Climaxis.....	12	12	.....	30	30
Death of father.....	2	2	.....	4	4
Death of mother.....	1	1	.....	4	4
Death of husband.....	7	7
Death of wife.....	1	.....	1	6	.....	6
Death of daughter.....	1	1	.....	2	2
Death of son.....	1	1
Death of brother.....	2	2	.....	2	2
Death of sister.....	2	2	.....	4	4
Death of child or children.....	1	1
Death of parents.....	1	1	.....	2	2
Death of relatives.....	1	1	.....	4	4
Death of friend.....	1	1	.....	1	1
Debility.....	1	1	.....	1	1
Disappointed ambition.....	1	1
Disappointed in love.....	3	3	1	9	10
Domestic trouble.....	3	3	1	18	19
Elopement of daughter.....	1	1
Epilepsy.....	3	6	9	10	12	22
Excitement.....	1	1
Exposure when infant.....	1	.....	1
Fall from horse.....	1	.....	1	1	.....	1
Fright.....	1	1	2	12	14
Ill-health.....	1	.....	1	2	.....	2
Ill-treatment.....	1	1	.....	1	1
Imbecility.....	1	1	.....	1	1
Injury to head.....	4	.....	4	22	4	26
Insanity of daughter.....	1	1
Insanity of husband.....	1	1
Insolation.....	4	.....	4	20	2	22
Intemperance.....	30	7	37	116	15	131
Intemperate use of tobacco.....	1	1	.....	1	1

TABLE NO. 3—(Concluded).

Showing assigned causes of insanity in those admitted during the year ending September 30, 1892, and since October 1, 1888.

CAUSE.	YEAR ENDING SEPTEMBER 30, 1892.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Jealousy.....	....	1	1	....	1	1
Lactation.....	....	....	....	....	1	1
La grippe.....	....	3	3	....	3	3
Laparotomy.....	....	1	1	....	1	1
Loss of sleep.....	....	....	....	....	1	1
Loss of property.....	....	1	1	....	1	1
Malarial fever.....	....	1	1	....	1	1
Masturbation.....	20	3	23	85	22	107
Meningitis.....	....	1	1	....	1	1
Mind cure.....	....	....	....	....	1	1
Opium habit.....	2	4	6	6	7	13
Ovariectomy.....	....	1	1	....	2	2
Overdose quinine.....	....	....	....	....	1	1
Overstudy.....	....	1	1	....	1	2
Overwork.....	5	9	14	12	49	61
Paralysis.....	....	....	....	1	....	1
Physical disease.....	12	18	30	37	58	95
Physical injury.....	1	....	1	1	....	1
Post-spinal sclerosis.....	....	....	....	1	....	1
Pregnancy.....	....	1	1	....	3	3
Puberty.....	....	....	....	1	....	1
Puerperal state.....	....	4	4	....	18	18
Religious excitement.....	....	1	1	9	9	18
Senility.....	6	4	10	13	17	30
Sexual excess.....	....	1	1	5	2	7
Shock from injury.....	1	....	1	3	....	3
Sickness of mother.....	....	1	1	....	2	2
Sickness of son.....	....	1	1	....	1	1
Spiritualism.....	....	....	....	....	1	1
Suppression of menses.....	....	1	1	....	4	4
Surgical operation.....	....	1	1	....	2	2
Syphilis.....	2	....	2	3	....	3
Traumatism.....	....	2	2	....	3	3
Typhoid fever.....	....	....	....	....	1	1
Unascertained.....	19	46	65	70	123	193
Worry.....	43	18	61	191	94	285
Not insane.....	1	....	1	1	....	1
Total.....	157	182	339	628	604	1,232

TABLE No. 4.

Showing the forms of insanity in those admitted, recovered and died, during the year ending September 30, 1892, and since October 1, 1888.

FORM.	YEAR ENDING SEPTEMBER 30, 1892.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute....	83	48	8	310	195	23
Mania, subacute..	55	14	1	140	46	1
Mania, chronic ..	11	1	1	87	6	3
Mania, recurrent.	.....	.....	....	1	1	.....
Melancholia, acute	112	59	7	374	185	22
Melancholia, sub- acute.....	.....	.....	....	1	.....	.....
Melancholia, chronic.....	7	1	2	28	8	6
General paralysis.	15	.....	8	60	.....	27
Dementia, pri- mary.....	.....	2	....	.....	2	.....
Dementia, termi- nal.....	45	.....	35	190	1	67
Epilepsy	6	.....	4	34	.....	5
Imbecility	3	.....	1	5	.....	1
Idiocy.....	1	.....	....	1	.....	.....
Not insane.....	1	.....	....	1	.....	.....
Total.....	339	125	67	1,232	444	155

TABLE No. 5.

Showing the number and percentage of recoveries and deaths, based upon the average daily population since October 1, 1888.

YEARS.	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.
1889.....	536 ⁴⁵ ₃₈₈	101	18.84	15	2.79
1890.....	578 ⁸⁶ ₃₆₅	105	18.16	30	5.19
1891.....	709 ¹¹⁴ ₃₈₈	113	15.93	43	6.06
1892.....	827 ¹⁰³ ₃₈₈	125	15.11	67	8.10

TABLE No. 6.

Showing the causes of death of those who died during the current year and since October 1, 1888.

CAUSES.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Ante-mortem blood clot of right heart.....	1	.....	1	1	.....	1
Aortic insufficiency.....	1	.....	1	1	.....	1
Apoplexy.....	3	1	4	3	1	4
Apoplexy, serous.....	1	.....	1	1	.....	1
Cerebral embolism and exhaustion.....	.....	1	1	.....	1	1
Cerebral hemorrhage and exhaustion.....	.....	1	1	.....	1	1
Cystitis and exhaustion.....	1	.....	1	1	.....	1
Delirium tremens and exhaustion.....	1	.....	1	1	.....	1
Epilepsy.....	.....	1	1	1	.....	1
Exhaustion from mental disease.....	27	20	47	86	46	132
Fistulæ and exhaustion.....	.....	1	1	.....	1	1
Heart failure.....	.....	1	1	.....	1	1
Mitral insufficiency from fatty degeneration of valves.....	1	.....	1	1	.....	1
Nephritis.....	.....	.....	.....	.....	1	1
Paralysis of par vagum.....	.....	1	1	.....	1	1
Pericarditis and exhaustion.....	.....	1	1	.....	1	1
Phthisis.....	.....	.....	.....	.....	1	1
Pneumonia and heart failure.....	.....	2	2	.....	2	2
Suicide, by puncturing heart with wire instrument made from a lounge spring.....	1	.....	1	1	.....	1
Total.....	37	30	67	97	58	155

TABLE No. 7.
Showing the first and subsequent admissions of those admitted during the current year and since October 1, 1888.

NUMBER OF ADMISSIONS.	DURING THE YEAR.				SINCE OCTOBER 1, 1888.							
	CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.	CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.				
	Men.	Women.	Total.		Men.	Women.	Total.					
First.....	150	158	308	3	14	17	599	557	1,156	31	42	73
Second.....	3	19	22	2	3	5	18	39	57	11	6	17
Third.....	4	4	8	....	2	2	7	5	12	5	4	9
Fourth or more .....	....	1	1	....	....	....	4	3	7	....	....	....
Total cases	157	182	339	5	19	24	628	604	1,232	47	52	99
Total persons	150	158	308	....	....	....	599	557	1,156	....	....	....

TABLE No. 8.

Showing hereditary tendency to insanity in cases admitted during the current year and since October 1, 1888.

	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch.....	12	15	27	63	65	128
Maternal branch	14	20	34	69	78	147
Paternal and maternal branches	6	....	6	11	12	23
Collateral branches.....	11	18	29	43	55	98
No hereditary tendency...	101	121	222	392	317	709
Unascertained	13	8	21	50	77	127
Total.....	157	182	339	628	604	1,232

TABLE No. 9.

Showing the civil condition of those admitted during the current year and since October 1, 1888.

CIVIL CONDITION.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single	71	62	133	300	215	515
Married	73	98	171	287	308	595
Widowed	10	22	32	36	78	114
Divorced.....	....	....	....	1	3	4
Unascertained	3	....	3	4	....	4
Total.....	157	182	339	628	604	1,232

TABLE No. 10.

Showing degree of education of those admitted during the current year and since October 1, 1888.

DEGREE OF EDUCATION.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	9	1	10	33	11	44
Academic	12	26	38	71	87	158
Common school.....	123	139	262	429	416	845
Read and write.....	....	....	....	25	22	47
Read only	3	5	8	18	13	31
No education.....	6	8	14	30	34	64
Unascertained	4	3	7	22	21	43
Total	157	182	339	628	604	1,232

TABLE No. 11.

Showing the duration of insanity previous to admission and the period under treatment of those discharged recovered during the current year and since October 1, 1885.
 YEAR ENDING SEPTEMBER 30, 1892.

	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	14	20	34	.....	.....	.....
One to three months	6	21	27	5	8	13
Three to six months	8	12	20	13	26	39
Six to nine months	4	9	13	9	16	25
Nine months to one year .....	.....	1	1	8	7	15
One year to eighteen months	4	3	7	2	11	13
Eighteen months to two years .....	.....	.....	.....	2	6	8
Two to three years .....	.....	4	4	2	7	9
Three to four years .....	.....	1	1	1	1	2
Four to five years .....	.....	1	1	.....	.....	.....
Five to ten years	1	1	2	1	.....	1
Ten to twenty years	2	1	3	.....	.....	.....
Unascertained	4	8	12	.....	.....	.....
Total	43	82	125	43	82	125

TABLE No. 11 — (*Concluded*).

Showing the duration of insanity previous to admission and the period under treatment of those discharged recovered during the current year and since October 1, 1888.
SINCE OCTOBER 1, 1888.

	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	41	65	106	6	1	7
One to three months	51	63	114	18	24	42
Three to six months	39	33	72	55	70	125
Six to nine months	27	23	50	41	42	83
Nine months to one year	4	10	14	28	28	56
One year to eighteen months	15	20	35	24	34	58
Eighteen months to two years	2	3	5	12	20	32
Two to three years	5	7	12	7	15	22
Three to four years	1	2	3	2	6	8
Four to five years	1	2	3	1	1	2
Five to ten years	3	8	11	1	6	7
Ten to twenty years	2	3	5	1	1	2
Unascertained	5	9	14	.....	.....	.....
Total	196	248	444	196	248	444

TABLE No. 12.

Showing the duration of insanity previous to admission and the period under treatment of those discharged not recovered during the current year and since October 1, 1888.
YEAR ENDING SEPTEMBER 30, 1892.

	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	4	4	8	5	.....	5
One to three months	7	4	11	2	1	3
Three to six months	5	3	8	6	7	13
Six to nine months	2	1	3	7	2	9
Nine months to one year .....	.....	3	3	2	2	4
One year to eighteen months	5	2	7	2	1	3
Eighteen months to two years .....	.....	.....	.....	1	4	5
Two to three years	1	1	2	3	2	5
Three to four years	2	1	3	.....	2	2
Four to five years .....	.....	3	3	.....	.....	.....
Five to ten years	1	.....	1	3	1	4
Ten to twenty years	2	.....	2	2	1	3
Over twenty years	2	1	3	.....	.....	.....
Not insane*	1	.....	1	1	.....	1
Unascertained	2	.....	2	.....	.....	.....
Total	34	23	57	34	23	57

* Includes cases of alcoholism, opium habit, etc.

TABLE No. 12 — (*Concluded*).

Showing the duration of insanity previous to admission and the period under treatment of those discharged not recovered during the current year and since October 1, 1888.

SINCE OCTOBER 1, 1888.

	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.
Under one month.....	15	14	29	15	5	20
One to three months.....	24	11	35	6	9	15
Three to six months.....	15	13	28	17	20	37
Six to nine months.....	10	11	21	14	6	20
Nine months to one year.....	10	10	20	6	6	12
One year to eighteen months.....	11	4	15	16	16	32
Eighteen months to two years.....	3	5	8	6	14	20
Two to three years.....	9	6	15	31	23	54
Three to four years.....	7	4	11	3	4	7
Four to five years.....	2	8	10	2	2	4
Five to ten years.....	8	12	20	7	2	9
Ten to twenty years.....	7	6	13	2	2	4
Over twenty years.....	2	4	6	.....	.....	.....
Not insane.....	1	.....	1	1	.....	1
Unascertained.....	2	1	3	.....	.....	.....
Total.....	126	109	235	126	109	235

TABLE No. 13.

Showing the duration of insanity previous to admission and the period under treatment of those who died during the current year and since October 1, 1888.
YEAR ENDING SEPTEMBER 30, 1892.

	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.
Under one month.....	1	5	6	5	7	12
One to three months.....	5	4	9	3	4	7
Three to six months.....	5	3	8	5	.....	5
Six to nine months.....	6	2	8	2	.....	2
Nine months to one year.....	2	1	3	3	1	4
One year to eighteen months.....	1	2	3	6	2	8
Eighteen months to two years.....	1	1	2	3	2	5
Two to three years.....	3	1	4	2	5	7
Three to four years.....	2	4	6	4	1	5
Four to six years.....	4	.....	4	3	3	6
Six to ten years.....	1	2	3	1	4	5
Ten to twenty years.....	2	2	4	.....	1	1
Twenty years and over.....	.....	1	1	.....	.....	.....
Not insane.....	.....	.....	.....	.....	.....	.....
Unascertained.....	4	2	6	.....	.....	.....
Total.....	37	30	67	37	30	67

TABLE No. 13 — (*Concluded*).

Showing the duration of insanity previous to admission and the period under treatment of those who died during the current year and since October 1, 1898.
SINCE OCTOBER 1, 1898.

	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.
Under one month.....	7	12	19	19	18	37
One to three months.....	8	10	18	8	8	16
Three to six months.....	13	3	16	9	2	11
Six to nine months.....	11	5	16	9	1	10
Nine months to one year.....	9	2	11	6	3	9
One year to eighteen months.....	7	4	11	14	5	19
Eighteen months to two years.....	3	3	6	10	3	13
Two to three years.....	13	3	16	5	5	10
Three to four years.....	4	4	8	5	1	6
Four to six years.....	7	.....	7	6	4	10
Six to ten years.....	5	4	9	6	7	13
Ten to twenty years.....	4	2	6	.....	1	1
Twenty years and over.....	2	3	5	.....	.....	.....
Not insane*.....	.....	.....	.....	.....	.....	.....
Unascertained.....	4	3	7	.....	.....	.....
Total.....	97	58	155	97	58	155

* Includes cases of alcoholism, opium habit, etc.

TABLE No. 14.
Showing ages of those admitted during the current year, and since October 1, 1888.

AGE.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From five to ten years.....	.....	.....	.....	.....	2	2
From ten to fifteen years.....	.....	.....	.....	3	2	5
From fifteen to twenty years.....	4	5	9	32	16	48
From twenty to twenty-five years.....	13	10	23	54	48	102
From twenty-five to thirty years.....	12	18	30	72	84	156
From thirty to thirty-five years.....	25	29	54	96	86	182
From thirty-five to forty years.....	25	23	48	93	75	168
From forty to forty-five years.....	30	52	82	131	148	279
From forty-five to fifty years.....	25	23	48	67	71	138
From fifty to sixty years.....	15	13	28	49	43	92
From sixty to seventy years.....	6	8	14	26	26	52
From seventy to eighty years.....	2	1	3	5	3	8
From eighty to ninety years.....						
Total.....	157	182	339	628	604	1,232

TABLE No. 15.
Showing ages of those discharged recovered during the current year, and since October 1, 1888.

AGE.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to twenty years.....	2	3	5	12	15	27
From twenty to thirty years	9	21	30	36	60	96
From thirty to forty years	12	25	37	59	71	130
From forty to fifty years	9	19	28	50	58	108
From fifty to sixty years.....	7	9	16	20	30	50
From sixty to seventy years.....	1	5	6	13	14	27
From seventy to eighty years.....	3	.....	3	6	.....	6
Total.....	43	82	125	196	248	444

TABLE No. 16.
Showing ages of those who died during the current year, and since October 1, 1888.

AGE.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to fifteen years .....	.....	1	1	.....	1	1
From fifteen to twenty years	1	.....	1	1	.....	1
From twenty to twenty-five years	1	.....	1	5	1	6
From twenty-five to thirty years	1	2	3	4	4	8
From thirty to thirty-five years	2	1	3	8	1	9
From thirty-five to forty years	3	2	5	14	3	17
From forty to fifty years	6	7	13	20	19	39
From fifty to sixty years	6	6	12	15	11	26
From sixty to seventy years	9	5	14	12	8	20
From seventy to eighty years	6	6	12	15	9	24
From eighty to ninety years	2	.....	2	3	1	4
Total	37	30	67	97	58	155

TABLE No. 17.

Showing alleged duration of insanity previous to admission in those admitted during the year ending September 30, 1892.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month	36	36	72
One to three months	22	27	49
Three to six months	20	27	47
Six to nine months	12	21	33
Nine months to one year	1	8	9
One year to eighteen months	10	10	20
Eighteen months to two years	6	4	10
Two to three years	8	9	17
Three to four years	8	9	17
Four to five years	3	4	7
Five to ten years	8	7	15
Ten to fifteen years	2	3	5
Fifteen to twenty years	1	....	1
Twenty to thirty years	2	3	5
Thirty years and upwards	1	3	4
Not insane .....	....	....	....
Unascertained	17	11	28
Total	157	182	339

TABLE No. 18.

Showing period of residence in asylum of those remaining under treatment September 30, 1892.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month	8	14	22
One to three months	40	44	84
Three to six months	33	23	56
Six to nine months	20	31	51
Nine months to one year	15	21	36
One year to eighteen months	57	41	98
Eighteen months to two years	45	52	97
Two to three years	50	37	87
Three to four years	42	29	71
Four to five years	29	22	51
Five to ten years	76	72	148
Ten to fifteen years	15	29	44
Fifteen to twenty years	5	4	9
Total	435	419	854

TABLE No. 19.

Showing the occupations of those admitted during the current year and since October 1, 1888.

OCCUPATION.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men..	Women.	Total.
Actors	2	....	2	3	....	3
Agents .....	....	....	....	2	1	3
Apprentice (school ship) ..	....	....	....	1	....	1
Artist	1	....	1	1	....	1
Authoress .....	....	1	1	....	1	1
Bakers	1	....	1	2	....	2
Bartenders	2	....	2	2	....	2
Basket maker .....	....	....	....	....	1	1
Blacksmiths	2	....	2	6	....	6
Boatmen	2	....	2	2	....	2
Bookkeepers	1	....	1	9	1	10
Brakemen	1	....	1	3	....	3
Bricklayer .....	....	....	....	1	....	1
Brickmaker	1	....	1	1	....	1
Broker	1	....	1	1	....	1
Builder .....	....	....	....	1	....	1
Butchers	2	....	2	8	....	8
Butler .....	....	....	....	1	....	1
Cabinet makers	1	....	1	2	....	2
Carpenters	2	....	2	12	....	12
Carriage trimmer	1	....	1	1	....	1
Chemists .....	....	....	....	2	....	2
Christian worker .....	....	....	....	....	1	1
Cigar makers	3	....	3	6	....	6
Civil engineers .....	....	....	....	2	....	2
Clergymen .....	....	....	....	4	....	4
Clerks	7	1	8	37	2	39
Coachmen	1	....	1	2	....	2
Commercial travelers .....	....	....	....	2	....	2
Conductor (railroad) .....	....	....	....	1	....	1
Coopers .....	....	....	....	3	....	3
Cooks .....	....	1	1	....	2	2
Cutlers .....	....	....	....	2	....	2
Dentists .....	....	....	....	3	....	3
Domestics .....	....	15	15	....	50	50
Dressmakers .....	....	1	1	....	4	4
Drivers	2	....	2	2	....	2
Druggists	1	....	1	4	....	4
Editors	1	....	1	2	....	2
Elocutionists .....	....	....	....	1	1	2
Engineers	2	....	2	5	....	5
Expressman .....	....	....	....	1	....	1
Factory hands .....	....	1	1	....	5	5

TABLE NO. 19 — (Continued).

OCCUPATION.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Farmers	23	....	23	89	....	89
Fish peddler .....	....	....	....	1	....	1
Florists	1	....	1	2	....	2
Foreman .....	....	....	....	1	....	1
Furrier	1	....	1	1	....	1
Gardeners	1	....	1	5	....	5
Gentlemen .....	....	....	....	3	....	3
Glassblower .....	....	....	....	1	....	1
Governess .....	....	....	....	....	1	1
Grocers .....	....	....	....	2	....	2
Hackman .....	....	....	....	1	....	1
Harness maker	1	....	1	1	....	1
Hatters .....	....	....	....	4	....	4
Horseman .....	....	....	....	1	....	1
Hostlers	1	....	1	2	....	2
Hotel keepers	1	....	1	3	....	3
Housekeepers .....	....	107	107	....	363	363
Ice dealer .....	....	....	....	1	....	1
Insurance agent .....	....	....	....	1	....	1
Janitor .....	....	....	....	1	....	1
Jewelers	1	....	1	4	....	4
Jointer (on watch cases) ..	....	....	....	1	....	1
Journalists	1	....	1	6	1	7
Junk dealer	1	....	1	1	....	1
Laborers	36	....	36	144	....	144
Lawyers .....	....	....	....	10	....	10
Letter carrier .....	....	....	....	1	....	1
Lumber dealer .....	....	....	....	1	....	1
Machinists	1	....	1	10	....	10
Manufacturer of pens .....	....	....	....	1	....	1
Marble cutter .....	....	....	....	1	....	1
Masons	1	....	1	5	....	5
Mechanics	2	....	2	3	....	3
Medical student	1	....	1	1	....	1
Merchants	5	....	5	24	....	24
Midwife .....	....	....	....	....	1	1
Miller .....	....	....	....	1	....	1
Milliners .....	....	....	....	....	2	2
Molder .....	....	....	....	1	....	1
Musicians	1	....	1	3	....	3
No occupation	15	40	55	55	117	172
Nurses .....	....	1	1	....	3	3
Overseer .....	....	....	....	1	....	1
Packer .....	....	....	....	1	....	1
Pailmaker .....	....	....	....	1	....	1

TABLE NO. 19 — (*Concluded*).

OCCUPATION.	DURING THE YEAR.			SINCE OCTOBER 1, 1898.		
	Men.	Women.	Total.	Men.	Women.	Total.
Painters	3	....	3	9	....	9
Photographer .....	....	....	....	1	....	1
Physicians	3	....	3	6	....	6
Piano finisher	1	....	1	1	....	1
Pilot .....	....	....	....	1	....	1
Plumber	1	....	1	1	....	1
Printers	1	....	1	5	....	5
Quarryman .....	....	....	....	1	....	1
Real estate agents	1	....	1	4	1	5
Railroad employes	1	....	1	3	....	3
Salesmen	2	....	2	8	....	8
Saloon keepers	1	....	1	4	....	4
Sculptor	1	....	1	1	....	1
Seamen	1	....	1	2	....	2
Seamstresses .....	....	2	2	....	8	8
Shoemakers .....	....	....	....	5	....	5
Speculator .....	....	....	....	1	....	1
Spinsters .....	....	....	....	....	3	3
Steel melter	1	....	1	1	....	1
Stonecutters	1	....	1	2	....	2
Stove dealer .....	....	....	....	1	....	1
Students	2	1	3	6	1	7
Superintendent .....	....	....	....	1	....	1
Tailors	2	....	2	7	1	8
Tanner .....	....	....	....	1	....	1
Teachers	1	9	10	4	25	29
Teamster .....	....	....	....	1	....	1
Telegraph operators .....	....	....	....	2	....	2
Tinner .....	....	....	....	1	....	1
Tobacco stripper .....	....	....	....	1	....	1
Undertaker .....	....	....	....	1	....	1
United States navy .....	....	....	....	1	....	1
Unascertained	1	1	2	2	3	5
Vagrants .....	....	1	1	2	1	3
Waiters	1	....	1	1	1	2
Washerwomen .....	....	....	....	....	2	2
Watchman .....	....	....	....	1	....	1
Weavers .....	....	....	....	1	1	2
Wheelwrights	1	....	1	3	....	3
Wood engraver .....	....	....	....	1	....	1
Total.	157	182	339	628	604	1,232

TABLE No. 20.

Showing the nativity of patients admitted during the current year and since October 1, 1888.

NATIVITY.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
United States	114	138	252	483	464	947
England	3	6	9	13	15	28
Ireland	14	19	33	59	61	120
Germany	15	12	27	39	38	77
France	1	2	3	4	5	9
Scotland	2	1	3	3	5	8
Canada .....	....	1	1	3	2	5
Switzerland	1	1	2	4	2	6
Italy	1	....	1	2	2	4
Bavaria .....	....	....	....	3	....	3
Prussia .....	....	....	....	3	....	3
Bohemia .....	....	....	....	....	2	2
Sweden	1	1	2	1	4	5
Saxony .....	....	....	....	1	....	1
China .....	....	....	....	1	....	1
Isle of Man .....	....	....	....	....	1	1
New Brunswick .....	....	....	....	....	1	1
Hungary .....	....	1	1	....	2	2
Poland	2	....	2	3	....	3
Russia .....	....	....	....	1	....	1
India	2	....	2	2	....	2
Australia	1	....	1	1	....	1
Unascertained .....	....	....	....	2	....	2
Total	157	182	339	628	604	1,232

Of the total number admitted since the 1st of October, 1890, the parents of 23.50 per cent were both of foreign birth.

In .091 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In .088 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

TABLE No. 21.

Showing the residence by counties and classification of those admitted during the year.

COUNTIES.	Public.	Private.	Total.
Albany .....	....	3	3
Broome.....	1	1	2
Chautauqua .....	....	1	1
Chemung.....	....	1	1
Columbia.....	1	....	1
Cortland .....	....	1	1
Delaware.....	1	....	1
Kings.....	6	12	18
Madison.....	3	....	3
Monroe.....	....	4	4
New York.....	4	32	36
Oneida.....	1	1	2
Ontario	1	....	1
Orange.....	41	30	71
Queens.....	63	1	64
Richmond	14	....	14
Rockland.....	12	1	13
Saratoga	2	2	4
Suffolk.....	33	....	33
Sullivan.....	19	2	21
Ulster	33	1	34
Warren.....	....	1	1
Washington.....	....	1	1
Wayne .....	....	1	1
Westchester	2	5	7
Wyoming .....	....	1	1
Total	237	102	339

TABLE No. 22.

Showing the residence by counties and classification of patients remaining under treatment September 30, 1892.

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Albany	8	5	13	4	3	7
Broome.....	4	1	5	1	.....	1
Cattaraugus .....	.....	1	1	.....	.....	.....
Cayuga.....	2	1	3	.....	.....	.....
Chautauqua .....	.....	.....	.....	.....	1	1
Chemung	2	2	4	1	.....	1
Chenango	1	1	2	.....	1	1
Columbia .....	.....	1	1	.....	.....	.....
Cortland .....	.....	.....	.....	.....	1	1
Delaware	2	9	11	1	1	2
Dutchess	1	.....	1	.....	1	1
Greene .....	.....	2	2	.....	.....	.....
Kings	9	10	19	16	15	31
Madison	2	2	4	1	1	2
Monroe	4	2	6	1	4	5
New York	14	14	28	44	43	87
Oneida	2	.....	2	1	1	2
Onondaga	10	2	12	.....	3	3
Ontario	1	1	2	.....	.....	.....
Orange	62	39	101	23	17	40
Queens	50	33	83	6	3	9
Rensselaer	1	.....	1	4	.....	4

TABLE No. 22 — (Conclude).

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Richmond	20	26	46	2	.....	2
Rockland	15	24	39	2	.....	2
St. Lawrence .....	.....	.....	.....	.....	1	1
Saratoga	6	9	15	1	1	2
Schenectady .....	.....	.....	.....	1	.....	1
Schoharie	1	.....	1	.....	.....	.....
Suffolk	41	42	83	1	1	2
Sullivan	27	37	64	.....	2	2
Tioga	1	.....	1	.....	1	1
Ulster	28	34	62	1	3	4
Warren	2	1	3	.....	1	1
Westchester	6	9	15	2	5	7
Wyoming .....	.....	.....	.....	.....	1	1
Total	322	308	630	113	111	224

TABLE No. 23.

Percentage of recoveries.

YEAR.	Number insane admitted.	Number discharged recovered.	Percentage.	Number admitted insane five years and over.	Number discharged recovered of those insane five years and over.	Percentage.	Number admitted insane between two and five years.	Number discharged recovered of those insane between two and five years.	Percentage.	Number admitted insane between one and two years.	Number discharged recovered of those insane between one and two years.	Percentage.	Number admitted insane between six months and one year.	Number discharged recovered of those insane between six months and one year.	Percentage.	Number admitted insane less than six months.	Number discharged recovered of those insane less than six months.	Percentage.
1874.....	69	7	10.14	9	1	11.11	6	1	16.66	10	.....	.....	15	.....	.....	29	9	17.34
1875.....	96	30	30.61	12	1	8.33	25	2	8	8	.....	25	13	.....	23.07	40	22	55.26
1876.....	118	46	40.70	5	.....	.....	10	3	20	10	.....	40	9	.....	22.22	74	37	50.00
1877.....	142	46	32.39	22	1	4.54	15	3	15.78	14	.....	14.28	18	.....	5.55	69	39	56.52
1878.....	156	61	39.35	25	3	12	22	6	22.73	19	.....	26.31	16	.....	50	73	40	54.70
1879.....	137	48	35.03	11	.....	.....	18	4	22.22	16	.....	37.50	25	.....	28.57	67	33	49.35
1880.....	147	61	41.49	16	3	18.75	17	2	11.76	21	.....	23.80	14	.....	29.41	79	47	59.49
1881.....	159	61	38.86	13	.....	.....	20	3	15	19	.....	31.57	17	.....	25	90	47	52.22
1882.....	174	69	39.65	21	2	9.22	25	6	6.80	14	.....	21.42	28	.....	44.44	82	55	67.07
1883.....	170	69	40.58	16	5	16.18	26	2	24	18	.....	33.88	16	.....	50	85	49	57.64
1884.....	168	68	41.71	11	2	16.18	27	2	7.40	26	.....	33.88	16	.....	50	91	50	54.54
1885.....	203	96	47.31	17	.....	.....	30	6	18.83	25	.....	33.88	30	.....	50	101	50	54.54
1886.....	213	80	37.55	22	1	4.54	35	9	31.03	25	.....	33.88	30	.....	50	95	54	57.01
1887.....	231	96	41.55	31	.....	.....	35	9	20	31	.....	33.88	37	.....	74.13	97	65	67.01
1888.....	217	100	46.08	37	1	2.70	36	6	37.50	31	.....	33.88	39	.....	63.83	113	69	61.04
1889.....	220	101	45.90	39	1	2.66	34	12	32.35	34	.....	35.29	39	.....	88.46	107	69	64.46
1890.....	225	105	46.45	30	4	18.33	49	7	14.28	30	.....	35.29	39	.....	44.83	140	76	54.29
1891.....	235	113	47.83	35	7	8.34	39	7	7.69	29	.....	36.39	34	.....	58.82	169	75	44.36
1892.....	268	126	46.87	30	5	16.66	41	6	14.87	30	.....	36.39	43	.....	83.33	168	81	48.21
Total.....	3,622	1,362	37.41	432	87	8.18	492	79	16.56	428	115	27.18	469	164	35.75	1,769	943	53.30

Admitted since opening, not insane, seven; grand total, 3,622. See table 25.

TABLE No. 24.

Form of mental disease of those admitted, and of those discharged, with results of treatment, from May, 1874, to September 30, 1892.

DISEASE.	NUMBER OF INSANE ADMITTED.			DISCHARGED RECOVERED.			DISCHARGED IMPROVED.			DISCHARGED UNIMPROVED.			DISCHARGED DEAD.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Mania, acute	332	394	716	234	261	495	21	20	41	8	14	22	17	31	48
Mania, acute delirious	8	17	25	.....	3	3	.....	.....	.....	.....	.....	.....	10	10	20
Mania, subacute	237	212	449	109	92	201	25	28	53	24	26	50	1	4	5
Mania, recurrent	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Mania, chronic	134	203	337	1	11	13	23	29	52	62	82	144	9	29	15
Melancholia, acute	395	512	907	220	232	512	43	45	88	9	21	30	28	6	57
Melancholia, acute delirious	2	3	5	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	1	3
Melancholia, subacute	7	12	19	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Melancholia, with stupor	15	22	37	7	12	19	3	4	7	5	3	8	.....	.....	.....
Melancholia, chronic	47	82	129	6	4	10	16	28	44	26	36	62	10	8	18
Dementia, acute primary	29	8	37	24	9	33	1	.....	1	.....	.....	.....	.....	.....	.....
Dementia, alcoholic	75	10	85	43	8	51	2	.....	4	1	1	2	.....	.....	.....
Dementia, masturbatic	38	13	51	5	7	13	3	.....	3	5	1	6	.....	.....	.....
Dementia, terminal	283	244	527	.....	1	1	35	25	60	80	113	202	81	48	124
General paresis	164	22	186	.....	.....	.....	20	2	22	33	2	35	94	8	102
Epileptic insanity	74	41	115	.....	.....	.....	10	4	14	20	17	37	9	7	16
Imbecility	2	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Idiocy	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total	1,842	1,790	3,632	650	702	1,352	201	189	390	293	317	600	293	153	416

TABLE No. 25.
General statement of operations of the State Homeopathic Hospital, from May, 1874, to September 30, 1892.

YEAR.	WHOLE NUMBER ADMITTED.			NUMBER DISCHARGED.			NUMBER TREATED.			NUMBER DISCHARGED RECOVERED.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1874.....	27	42	69	7	7	14	27	42	69	5	2	7
1875.....	49	60	109	28	34	62	69	86	154	13	16	29
1876.....	58	60	118	33	55	88	82	110	192	20	20	40
1877.....	76	67	143	44	56	100	106	128	234	21	25	46
1878.....	86	86	172	53	73	126	132	128	260	26	36	61
1879.....	97	70	167	58	61	119	132	128	260	20	38	58
1880.....	76	71	147	72	68	140	132	128	260	24	27	51
1881.....	83	67	150	65	59	124	173	167	340	31	30	61
1882.....	82	88	170	77	74	151	190	201	391	36	38	74
1883.....	108	99	207	77	73	150	222	201	423	33	30	63
1884.....	108	77	185	55	56	111	246	240	486	27	29	56
1885.....	101	112	213	52	59	111	210	232	442	45	53	98
1886.....	117	114	231	84	98	182	275	310	585	40	60	100
1887.....	111	106	217	85	115	200	327	345	672	42	49	91
1888.....	146	104	250	101	84	185	375	354	729	56	49	105
1889.....	149	139	288	105	85	190	423	379	802	55	58	113
1890.....	176	179	355	105	111	216	550	463	1,013	45	52	97
1891.....	157	182	339	115	136	251	550	554	1,104	45	52	97
1892.....	157	182	339	115	136	251	550	554	1,104	45	52	97
Total.....	1,747	1,782	3,529	1,412	1,363	2,775	.....	.....	.....	660	702	1,362

TABLE No. 25 — (Concluded).

YEAR.	NUMBER DISCHARGED IMPROVED.			NUMBER DISCHARGED UNIMPROVED.			NUMBER DISCHARGED DEAD.			NUMBER DISCHARGED ELOPED.			NUMBER DISCHARGED NOT INSANE.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1874.....	5	3	8	9	6	15	2	2	4	2	2	4	1	1	2
1875.....	7	10	15	13	24	37	6	8	11	2	2	4	1	1	2
1876.....	10	4	11	7	11	18	5	9	14	2	2	4	1	1	2
1877.....	7	11	21	18	25	43	11	4	15	2	2	4	1	1	2
1878.....	12	9	16	13	22	35	12	8	15	1	1	2	1	1	2
1879.....	12	8	20	13	22	35	12	8	15	1	1	2	1	1	2
1880.....	12	12	24	20	18	38	7	6	13	1	1	2	1	1	2
1881.....	11	7	18	22	15	37	11	4	15	1	1	2	1	1	2
1882.....	6	7	13	22	18	40	11	4	15	1	1	2	1	1	2
1883.....	9	19	28	15	26	41	13	12	25	1	1	2	1	1	2
1884.....	9	5	14	23	14	37	12	6	18	1	1	2	1	1	2
1885.....	5	6	11	12	14	26	17	7	24	1	1	2	1	1	2
1886.....	10	8	18	21	26	47	10	7	17	1	1	2	1	1	2
1887.....	12	11	23	24	22	46	15	7	22	1	1	2	1	1	2
1888.....	13	18	31	23	24	47	15	7	22	1	1	2	1	1	2
1889.....	20	8	28	23	26	49	14	13	27	2	2	4	1	1	2
1890.....	16	22	38	11	12	23	18	12	30	1	1	2	1	1	2
1891.....	19	12	31	3	6	9	28	15	43	1	1	2	1	1	2
1892.....	18	14	32	15	9	24	37	30	67	1	1	2	1	1	2
Total.....	201	189	390	283	317	600	283	154	417	10	10	20	5	1	6

* Includes one admitted not insane and discharged dead.

TABLE No. 26.

Showing percentage of recoveries on average daily population and upon the number admitted and discharged; also percentage of deaths on average daily population, and upon whole number treated since opening of the institution.

YEAR.	Average daily population.	Recoveries.	Percentage.	Admissions.	Recoveries.	Percentage.	Discharges.	Recoveries.	Percentage.	Whole number treated.	Deaths.	Percentage.	Daily population.	Deaths.	Percentage.
1874.	31	7	22.58	69	7	10.14	14	7	50.00	69	4	5.79	31	4	12.90
1875.	62	30	48.38	98	30	30.61	72	46	47.66	154	11	7.23	62	11	17.74
1876.	85	46	54.12	118	46	40.70	110	46	41.81	195	14	7.17	85	14	16.47
1877.	110	46	41.82	142	46	32.39	100	46	46.00	228	14	6.14	110	14	12.72
1878.	132	61	46.21	155	61	39.35	138	61	44.20	284	15	5.28	132	15	11.36
1879.	166	48	28.91	157	48	30.58	119	48	40.33	293	15	5.30	166	15	9.03
1880.	186	61	32.70	147	61	41.50	131	61	46.56	311	13	4.18	186	13	6.98
1881.	213	61	28.64	159	61	38.36	124	61	49.11	340	15	4.41	213	15	7.04
1882.	237	69	29.11	174	69	39.65	151	69	45.69	391	20	5.11	237	20	8.44
1883.	265	69	26.03	170	69	40.59	150	69	46.00	410	18	4.39	265	18	6.41
1884.	289	68	23.52	168	68	41.71	141	68	48.22	428	21	4.96	289	21	7.26
1885.	329	66	20.06	203	66	32.51	131	66	50.38	496	27	5.55	329	27	8.20
1886.	410	80	19.51	213	80	37.56	157	80	50.96	568	17	2.99	410	17	4.14
1887.	467	96	20.55	231	96	41.56	187	96	51.33	642	22	3.42	467	22	4.71
1888.	506	100	19.76	217	100	46.06	213	100	46.94	672	22	3.28	506	22	4.34
1889.	596	101	18.84	250	101	40.40	195	101	51.79	709	15	2.11	596	15	2.79
1890.	578	105	18.16	288	105	36.46	196	105	53.57	802	30	3.74	578	30	5.19
1891.	709	113	15.93	355	113	31.82	196	113	57.65	961	43	4.47	709	43	6.06
1892.	827	125	15.11	388	125	32.02	250	125	50.00	1,104	67	6.06	827	67	8.10

TABLE No. 27.
Number of men employed, kind of work done, and average per cent of male patients employed.

MONTH. (1891 and 1892.)	DESCRIPTION OF WORK.									Total number men employed.	Average daily population.	Per cent employed.
	General.	Ward.	Dining-room.	Laundry.	Boiler-house.	Kitchen.	Painting.	Printing.	Farm garden.			
October.....	36	43	35	12	5	2	2	4	1	140	390	35.89
November.....	35	44	37	10	5	2	1	3	1	138	397	34.76
December.....	33	43	34	11	5	2	1	4	1	134	402	33.33
January.....	35	43	36	10	6	2	1	5	1	138	410	33.65
February.....	33	42	37	10	6	2	1	5	1	137	415	33.00
March.....	32	42	36	10	6	2	1	5	1	135	416	32.45
April.....	33	41	35	11	7	2	1	5	7	142	419	33.89
May.....	30	36	35	9	6	3	1	5	8	133	420	31.66
June.....	40	33	36	10	7	2	1	4	10	143	425	33.60
July.....	42	39	35	10	6	2	1	4	9	148	434	34.10
August.....	24	37	35	10	7	2	....	4	10	129	439	28.95
September.....	25	38	34	10	7	2	1	4	9	130	445	29.21

TABLE No. 28.

Number of women employed, kind of work done, and average per cent of female patients employed.

MONTH. (1891-1892.)	DESCRIPTION OF WORK.					Total women employed.	Daily average population.	Per cent employed.
	General.	Ward.	Dining-room.	Sewing-room.	Laundry.			
October	40	21	21	13	....	95	375	25.33
November	50	23	27	12	....	112	384	29.16
December	61	23	29	12	....	125	396	31.56
January	58	20	26	13	....	117	398	29.39
February	55	27	30	14	....	126	402	31.34
March	57	22	25	14	....	118	404	29.20
April	57	24	26	14	....	121	410	29.51
May	66	27	27	18	4	142	412	34.46
June	57	22	29	17	4	129	421	30.64
July	62	24	29	18	4	137	428	32.00
August	67	24	29	20	4	144	428	33.64
September	58	33	28	20	4	143	430	33.20

TABLE No. 29.

Dietary table, showing the regular bill of fare for patients.

SUNDAY.

Breakfast.—Bread and butter, coffee, oatmeal and syrup, sausage and potatoes.

Dinner.—Roast beef, potatoes, celery or lettuce, onions, rice pudding or pie, bread and butter, fruit or berries.

Supper.—Bread and butter, tea, cake, sauce or berries.

MONDAY.

Breakfast.—Bread and butter, oatmeal or hominy and syrup or milk, beef stew or beefsteak, coffee or cocoa.

Dinner.—Soup (tomato, split peas or vegetable), potatoes, turnips or peas, boiled beef, lettuce, bread and butter, fruit.

Supper.—Bread and butter, rice and syrup or milk, sauce or berries, tea.

TUESDAY.

Breakfast.—Oatmeal or hominy and milk, hash or ham, boiled potatoes, bread and butter, coffee.

Dinner.—Corned beef, boiled cabbage or sweet corn, or string beans, potatoes, radishes or raw onions, bread pudding, bread and butter, fruit.

Supper.—Bread and butter, apple sauce or stewed prunes, crackers, tea.

WEDNESDAY.

Breakfast.—Bread and butter, oatmeal or hominy and syrup, sausage or eggs or fresh fish, potatoes, coffee.

Dinner.—Roast beef, potatoes, onions or beets, milk, bread and butter, lettuce, fruit.

Supper.—Bread and butter, sauce or berries, tea.

THURSDAY.

Breakfast.—Oatmeal and milk, beef stew or beefsteak, potatoes, bread and butter, coffee.

Dinner.—Soup (barley, bean or mock-turtle), boiled beef, potatoes, bread and butter, coffee.

Supper.—Bread and butter, sauce or berries, cheese, tea.

FRIDAY.

Breakfast.—Clam stew or chowder, or boiled eggs, or fresh fish, or sweet potatoes, oatmeal or hominy and syrup, bread and butter, coffee.

Dinner.—Fresh fish, potatoes, onions or canned tomatoes, milk, bread and butter, lettuce, fruit.

Supper.—Stewed oysters, crackers, bread and butter, tea, boiled rice, sauce.

SATURDAY.

Breakfast.—Hash or ham, oatmeal or hominy and milk, potatoes, bread and butter, coffee.

Dinner.—Corned beef and cabbage, potatoes, parsnips or eggplant, or baked beans, bread and butter, radishes or raw onions, fruit.

Supper.—Bread and butter, sauce or berries, corn bread, tea.

Bread of three varieties, namely, graham bread, white bread and rye bread, is furnished at each meal throughout the institution.

During the summer season the number of vegetables for dinner is increased whenever the products of the garden so admit.

Occasionally, during the winter, roast pig is allowed instead of roast or boiled beef.

"E."

APPENDIX.

This hospital receives patients under the same rules and terms of admission as govern other State hospitals, viz. :

Pauper patients, under an order from the county superintendent of the poor of any county in the Middletown hospital district, to which such insane person may be chargeable, at a weekly charge to the county of four dollars and twenty-five cents for the first three years ; for a longer term two dollars and fifty cents per week are charged for each patient.

Pauper patients from other districts must comply with the following :

"In case any insane person, his relatives, guardians or friends may desire that he may become an inmate of any State asylum situated beyond the limits of the district where he resides, and there be sufficient accommodation there to receive him, he may be received there in the discretion of the chairman of the State Commission in Lunacy and the superintendent of such asylum. Any expense of removal in such case, must be borne by said insane person's guardians, relatives or friends, as the case may be." (Chapter 126, Laws of 1890, § 9.)

Indigent persons, not paupers (in cases where insanity has not been over one year's standing), are received on the order of a county judge. This class of patients usually supply their own clothing and defray their own traveling expenses to and from the asylum, as well as any extra charge for breakage, damages, etc. The county from which they come is charged for their treatment at the same rate as per pauper patients.

"When an insane person in indigent circumstances, not a pauper, shall have been sent to any State asylum by his friends, who have paid his bills therein for six months, if the superintend-

ent shall certify that he is a fit patient, and likely to be benefited by remaining in the institution, the supervisors of the county of his residence are authorized and required, upon an application under oath in his behalf, to raise a sum of money sufficient to defray the expenses of his remaining there another year, and to pay the same to the treasurer of the asylum. And they shall repeat the same for one year more upon like application, and the production of a new certificate of like report from the superintendent of such asylum." (Title I, article 1, section 15, chapter 446, Laws of 1874.)

The above-named classes are subject to the provisions of the act concerning insane persons (title I, art. 1. sec. 1), which is that "no person shall be committed to or confined as a patient in any asylum, public or private, or in any institution, home or retreat for the care and treatment of the insane, except upon the certificate of two physicians, under oath, setting forth the insanity of such person."

According to section 2 of the same act, "It shall not be lawful for any physician to certify to the insanity of any person for the purpose of securing his commitment to an asylum, unless such physician be of a reputable character, a graduate of some incorporated medical college, a permanent resident of the State, and shall have been in actual practice of his profession for at least three years, and such qualifications shall be certified to by a judge of any court of record, and a certified copy of the same filed in the office of the State Commission in Lunacy.

"No certificate of insanity shall be made except after personal examination of the party alleged to be insane, and according to forms prescribed by the State Commission in Lunacy, and every such certificate shall bear date of not more than ten days prior to such commitment.

"Every such certificate of insanity, in every case, must have indorsed upon it the approval of a judge or justice of a court of record, of the county or district in which the alleged lunatic resides, and said judge or justice may institute inquiry and proofs as to any alleged lunacy before approving or disapproving of such certificate, and may, at his discretion, call a jury in each case to determine the question of lunacy."

DIRECTIONS FOR CONVEYING PATIENTS TO THE HOSPITAL.

The attention of town and county officers is particularly called to the following order of the State Commission in Lunacy :

Ordered :

1. That all county superintendents of the poor, or town, county or city authorities, before sending a patient to any State hospital, see that said patient is in a state of bodily cleanliness, and provided with the following clothing, to wit. :

(a.) One suit of underclothing.

(b.) One full suit of outer clothing, including head wear, boots and shoes.

Between the months of November and April, both inclusive, there shall be provided, in addition to the foregoing, a suitable overcoat for the men patients and a suitable shawl or cloak for the women patients; also gloves or mittens. Considering the great danger, always present, of the introduction of contagious or infectious diseases into institutions where large numbers of people are congregated, and to avoid, so far as possible, the introduction of such diseases by means of wearing apparel, the clothing above provided for *must, in all cases, be new.*

2. In traveling by rail patients must not be compelled to ride in smoking or baggage cars, except in the case of men patients who may be so violent, profane or obscene as to render their presence in ordinary passenger coaches offensive. If any portion of the route is necessary to be traversed by team, a covered conveyance should, unless impossible, be provided. The shortest practicable route should be selected; the hour of departure should be timed, so far as possible, so as to avoid the necessity of stopping over night on the journey and so as not to reach the hospital at an unseasonable hour. Whenever practicable, a notice in advance, by writing or telegraph, should be sent to the medical superintendent of the hospital of the coming of the patient. In cases of violent patients a sufficient number of attendants should be provided to control their actions without resorting to the use of mechanical restraints, such as straps, ropes, chains, handcuffs, etc.; quieting medicines should not be given to

such patients except upon the prescription of a physician. If it becomes necessary to remain over night or for a number of hours at a station on the route, patients are not to be taken to jail, police station or lock-up. Food in proper quantity and quality, and at intervals not exceeding five hours, should be provided for patients, but no alcoholic beverages must be given unless upon prescription of a physician. Opportunity must be afforded for attention to the calls of nature, and the rules of decency must be observed. In case of the employment of extra attendants in conveying violent patients, care must be taken that they are of adult age and of good moral character. The provisions of the statute which require that a woman attendant shall accompany women patients when taken to State hospitals must be strictly complied with.

3. Any violation of the requirements of this order shall be promptly reported, so far as known to him, by the medical superintendent of the hospital to the State Commission in Lunacy.

Whenever possible two suits for winter and two for summer, together with several changes of underclothing, should be provided for each private patient. Every patient should be brought by someone competent to give a history of the case as far as known. This is a matter too much neglected in the case of county patients.

The removal of a patient should never be attempted while he is laboring under severe bodily disease, such as fever, erysipelas, large or dangerous wounds or sores, consumption, pneumonia, meningitis, etc.

In this connection we can not give better advice to the authorities having patients in charge than by quoting the following words of the late Dr. Gray, formerly of the Utica asylum, and one of the most justly distinguished and famous psychologists the country has ever produced :

“In conveying a patient to the asylum, let it be done by force rather than by deception. Truth should not be compromised by planning a journey to the country, or a visit to the asylum, and when there suggesting the idea to the patient of staying while his admission was already decided upon ; nor should patients be induced to come and stay a few days to see how they liked

it, under the impression that they can leave at pleasure. Such treachery not only destroys confidence in friends, but also too often in us, by the seeming conspiracy to which we are supposed to be a party, than which there can scarcely be a greater barrier to improvement."

Bills are made out and transmitted to the county treasurer quarterly, on the first days of March, June, September and December, by the treasurer of the asylum.

PAROLING PATIENTS.

Friends sometimes request that patients may leave the hospital either to visit friends, or to go out on trial for a time. In such cases the superintendent is governed entirely by the following from an order of the State Commission in Lunacy :

Ordered :

1. "That no insane patient while in custody of an institution be permitted to go on parole, who in the judgment of the medical superintendent is homicidal, suicidal, destructive or dangerous either to himself or others.
2. "That no parole be granted for a greater period than thirty days, exclusive of the date thereof."

HISTORY OF PATIENTS.

It is very desirable that as full a history of each case as can be obtained should be furnished when the patient is brought to the hospital.

Parties accompanying a patient to the hospital are often wearied by the journey; their attention is naturally diverted, and in attempting to give a history of their friend's illness, many important points are not mentioned. To obviate this, and to avoid the unnecessary detention, the following questions have been prepared. It is requested that some member of the family should assist the attending physician in giving a full and complete answer to each question. All facts thus given will be regarded as professional communications :

The name and address of one correspondent of each case is registered, and all letters of inquiry from this correspondent will

receive a prompt reply. Severe illness or the occurrence of any thing of moment will be immediately communicated. When funds are previously provided, the telegraph will be used if necessary. Stamps must be inclosed to prepay replies.

Name, residence, town, county, age, place of birth ?

Whether single, married or widowed ?

Occupation ?

Education (collegiate, academic or common school, read or write), or none ?

Of what religious belief or denomination ?

Have any relatives, either upon father's or mother's side, been insane, hysterical, nervous or had convulsions ?

Has either parent been intemperate or addicted to the use of opium or tobacco to excess or other excesses ?

Was the patient ever addicted to the intemperate use of intoxicating drinks, opium or tobacco ?

Has the patient been addicted to masturbation or sexual excesses ? If so, for how long ?

Has there been a previous attack of insanity ? If so, give particulars.

Has the patient usually menstruated regularly ? And, if not, what has been the nature of the irregularity ?

State the date of the first indication of any change of the patient's usual condition of habits, temper or disposition. What was the change ?

Give the subsequent history of the attack and the treatment employed.

Has the patient any permanent hallucination and of what nature ?

Has the patient any delusions ?

What is the character of the delusions ?

Has the patient ever attempted to injure others ? If so, when and how ?

Was it apparently done with premeditation, or sudden passion ?

Does the propensity to suicide exist ?

Has the patient ever made a suicidal attempt ? If so, in what manner ?

Has the patient a disposition to destroy clothing, furniture, etc. ?

State the supposed cause or causes of the attack; also, any facts that will throw light upon the cause?

Has any restraint or confinement been resorted to? If so, what kind and how long?

Has the patient ever been in an asylum? If so, in what asylum, and for how long; also, condition when discharged?

What medication, homeopathic or otherwise, has the patient received, and for how long?

Is the patient now in usual health, or more emaciated and feeble than ordinarily?

What is the condition of the appetite?

What is the condition of the digestion; if bad, what are the symptoms?

What is the condition of the hearing?

What is the condition of the sight?

Is the patient troubled about sleeping? If so, what part of the night?

Is there any evidence of paralysis or loss of motion or sensation? If so, what part of the body is affected?

Is the patient excited or quiet?

Is the patient moody or irritable?

Is the patient cleanly or otherwise?

FORM OF MEDICAL CERTIFICATE.

According to the form prescribed by the State Commission in Lunacy, May, 6, 1890, and by resolution of said commission of that date ordered to go into effect July 1, 1890, under authority of chapter 446 of the Laws of 1874, and chapter 272 of the Laws of 1890.

Statement of facts to be made upon knowledge, information and belief by the examiners in lunacy. If any of the particulars in this statement be not known, the fact to be so stated.

1. Sex.....; age..... years; nativity (if foreign, how long in United States).....; color occupation.....; single, married, widowed?*

2. Number of previous attacks.....; present attack began..... 18..

*Strike out the words not required.

(If the patient has ever been an inmate of an institution for the insane, state when and where, and whether discharged recovered or otherwise.)

3. Was the present attack gradual or sudden in its onset?....

4. What is the bodily condition of the patient?.....

5. Is the patient subject to epilepsy?.....

6. Is the patient filthy or cleanly in dress and personal habits?

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? *(If homicide or suicide has been attempted or threatened, it should be so stated.)*.....

8. What is the supposed cause? (State both the predisposing and exciting cause.).....

9. Has the patient insane relatives, and, if so, state the degree of consanguinity, whether paternal or maternal?

10. What are the patient's habits as to the use of liquor, tobacco, opium, etc.?

STATE OF NEW YORK:

COUNTY OF } ss.:
City, town or village of..... }

We,, a permanent resident of county of, State of New York, and, a permanent resident of, county of, and State aforesaid, being severally and duly sworn, do severally certify and each for himself certifies with the exceptions which are hereinafter noted, as follows:

1. I am a graduate of an incorporated medical college, and a legally qualified examiner in lunacy; a certificate of my qualifications as such examiner, or a certified copy thereof, is on file in the office of the State Commission in Lunacy.

2. I have with care and diligence personally observed and examined, within five days prior to the date of this certificate,

and more particularly did so on that date, namely, on the day of, 189., a resident of, of the State of, and as a result of such examination find, and hereby certify to the fact, that said is insane and a proper person for care and treatment in some institution for the insane, as an insane person under the provisions of the statute.

3. I have formed the above opinion upon the subjoined facts, viz.:

(a.) Facts indicating insanity personally observed by me, as follows:

The patient said (*here state what was said to each examiner separately unless it was said in presence of both*):

The patient did (*here state what the patient did in presence of each examiner separately, unless it was done in presence of both*):

The patient's appearance and manner was:

(b.) Other facts indicating insanity, including those communicated to me by others, as follows:

(State if there has been any change in the patient's mental condition and bodily health, and if so what?):

4. That the answers to the questions contained in the statement are true to the best of my knowledge, information and belief.

....., M. D.

....., M. D.

Severally sworn and subscribed before }
me, this.... day of 189.. }

.....
.....

STATE OF NEW YORK:

COUNTY OF }
City, town or village of } ss.:

I, a judge of, which is a court of record, do on this day of, 189..., hereby approve of the foregoing medical certificate of lunacy, the contents of the same having been certified to me under oath; and it being represented to me that it is intended to commit the said to (*)
 for care and treatment.

FORM OF AN ORDER FOR THE ADMISSION OF A PATIENT AT
 COUNTY EXPENSE.

*To the Superintendent of the State Homeopathic Hospital at
 Middletown, N. Y.*

WHEREAS,, a person who is chargeable for his support to the county of, has become a lunatic, the undersigned, superintendent of the poor of said county, having called in and, two reputable physicians, duly qualified as medical examiners under chapter 446, Laws of 1874, and having their certificate, under oath, of the insanity of said, do hereby order h.. to be taken to said hospital, and you, the superintendent, are required to receive h.. into said hospital, and there detain and maintain at the expense of said county until legally discharged therefrom.

Given under my hand this day of 18..

.....
Superintendent of Poor of County.

* Here state name of hospital, asylum, home or retreat.

IN THE MATTER OF AN ALLEGED INDIGENT LUNATIC.

COUNTY OF, ss.:

WHEREAS, An application has been made to me, county judge of the county of in behalf of who resides in the town of, in said county, for a certificate entitling him to admission into the State Homeopathic Hospital for the Insane at Middletown, as a person of indigent circumstances, not a pauper, and I, the said judge, having given reasonable notice of the time and place of hearing to, superintendent of the poor of the county of, which county is chargeable with the expense of supporting said person in the hospital, and having called two reputable physicians, and other credible witnesses, and fully investigated the facts of the case, do hereby certify that satisfactory proof has been adduced to me, showing the said to be insane, and that he became insane within one year next prior to the date thereof, and that his estate is insufficient to support himself under the visitation of insanity.

Given under my hand this day of, 18..

.....,
County Judge of the County of

COUNTY OF, ss.:

I,, clerk of the said county, certify that whose name is subscribed to the within certificate, was at the date thereof the county judge of the said county; that I am acquainted with the handwriting of said judge, and that his signature to the said certificate is genuine.

Witness my hand and the seal of the county court of said county, this day of, 18..

[L. s.]

BOND FOR PRIVATE PATIENTS.

Form of agreement entered into by the person or sureties who become bound for the patient admitted :

(This agreement or understanding is generally signed by near relatives or legal guardians, if any such there be, at or prior to the time of admission of a patient; or subsequently upon the deposit of a sum of money sufficient to secure its execution.)

WHEREAS,, of, in the county of, an insane person, has been admitted as a patient into the Middletown State Homeopathic Hospital, at Middletown, Orange county, N. Y. :

Now, therefore, we, the undersigned, in consideration thereof, jointly and severally bind ourselves to the Middletown State Homeopathic Hospital, at Middletown, Orange county, N. Y., to pay the sum of dollars and cents per week for the care and board of said insane person so long as..... shall continue in said hospital, with such extra charges as may be occasioned by h.... requiring more than ordinary care and attention, and also to provide h.... with suitable clothing and to pay for all such necessary articles of clothing as shall be procured for h.... by the steward of said hospital, and to remove h.... from the hospital whenever the room occupied by h.... shall be required for a class of patients having preference by law, or whenever..... shall be required to be removed by the trustees or superintendent, and also to pay all the expenses incurred by sending said patient to h.... friends, in case one or either of us shall fail to remove said patient when required to do so as aforesaid; and, if..... shall be removed at the request of h.... friends before the expiration of one calendar month after reception, then to pay board for four weeks, with such expenses as may have been incurred, unless h.... shall be sooner cured; and also to pay not exceeding fifty dollars for all damages..... may do to the furniture or other property of said hospital during any one month, and for reasonable charges in case of elopement, and funeral charges in case of death; and also to pay all expenses, costs, fees and charges to which the said corporation may

be subjected for or upon account of any proceedings under a writ of *habeas corpus* or other proceedings in relation to the custody of said patient, or appearing or defending said proceedings, or in producing the patient before any court or judge therein; all such payments to be made quarterly on the first days of March, June, September and December in each year, and at the time of removal, with interest on each bill from and after the time it becomes due.

In witness whereof we have hereunto set our names this day of, in the year 18..

(Name),
(P. O. address).....

(Name).....,
(P. O. address)

This will certify that I am personally acquainted with, and, the signers of the above bond, and consider each of them fully responsible for the prompt discharge of its obligations.

(Name).....,
(P. O. address)

EXTRACTS FROM THE LUNACY LAWS OF NEW YORK.

“County judges and superintendents of the poor in any of the counties of this State, and all county or other officers having authority to commit insane persons to any of the State lunatic asylums of this State, are hereby authorized to commit indigent and pauper insane persons, for whom homeopathic treatment may be desired, to the State Homeopathic Asylum for the insane, at Middletown, in the same manner and on the same terms and conditions as are now required or hereafter may be required by law, for the commitment of indigent or pauper insane persons to any of the other of the State lunatic asylums of this State, provided the number in the aggregate of such patients shall not exceed the accommodations at the disposal of the superintendent in said asylum.” (Chapter 414, Laws of 1874, sec. 1.)

"Whenever vacancies occur in the board of trustees of the State Homeopathic Asylum for the Insane, at Middletown, the Senate shall appoint, on the nomination of the Governor, proper persons to fill such vacancies; and the acceptance of the office of *trustee*, by the persons thus appointed, *shall* be a pledge that they will maintain the homeopathic mode of medical treatment in said asylum." (Chapter 121, Laws of 1876, sec. 1.)

Relative to the admission of private or pay patients, the Commission in Lunacy have ordered as follows:

2. "That whenever the managers or trustees shall determine that vacancies exist, private or pay patients may be admitted by them without further restriction, at a rate of compensation not to exceed ten dollars per week, preference to be given in all cases to patients of small or moderate means.

4. "That this order shall take effect October 1, 1891."

VISITING DAYS.

The friends of patients, and the public generally, are admitted to visit the institution and its inmates every day from 1 to 4 P. M., excepting legal holidays, Saturdays and Sundays.

The above rule must not be varied, except by special permission from the medical superintendent.

CORRESPONDENCE.

Relative to correspondence of patients, the State Commission in Lunacy, November 18, 1890, issued the following order:

1. "That each insane patient be permitted to write to some relative or friend once in two weeks, and oftener if necessary, in the discretion of the medical superintendent. In case of patients unable for any cause to write, the medical superintendent must direct some proper person to write for such patients at suitable intervals, if they so desire. All letters must be forwarded at once, unless they are obscene, profane, illegible or too incoherent to be understood, and the postage must be furnished by the institution, if relatives or friends are unable to provide the same.

2. "All letters detained because of obscenity, profanity or for other reasons, must be forwarded at once to the office of the

State Commission in Lunacy, and reasons for the detention must be briefly stated in each case by indorsement upon the envelope.

3. "All letters addressed to the Governor, Attorney-General, judges of courts of records, district attorneys or the State Commissioners in Lunacy must be forwarded at once, without examination."

All correspondence relative to patients should be addressed to Dr. Selden H. Talcott, superintendent, Middletown, Orange county, N. Y.

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